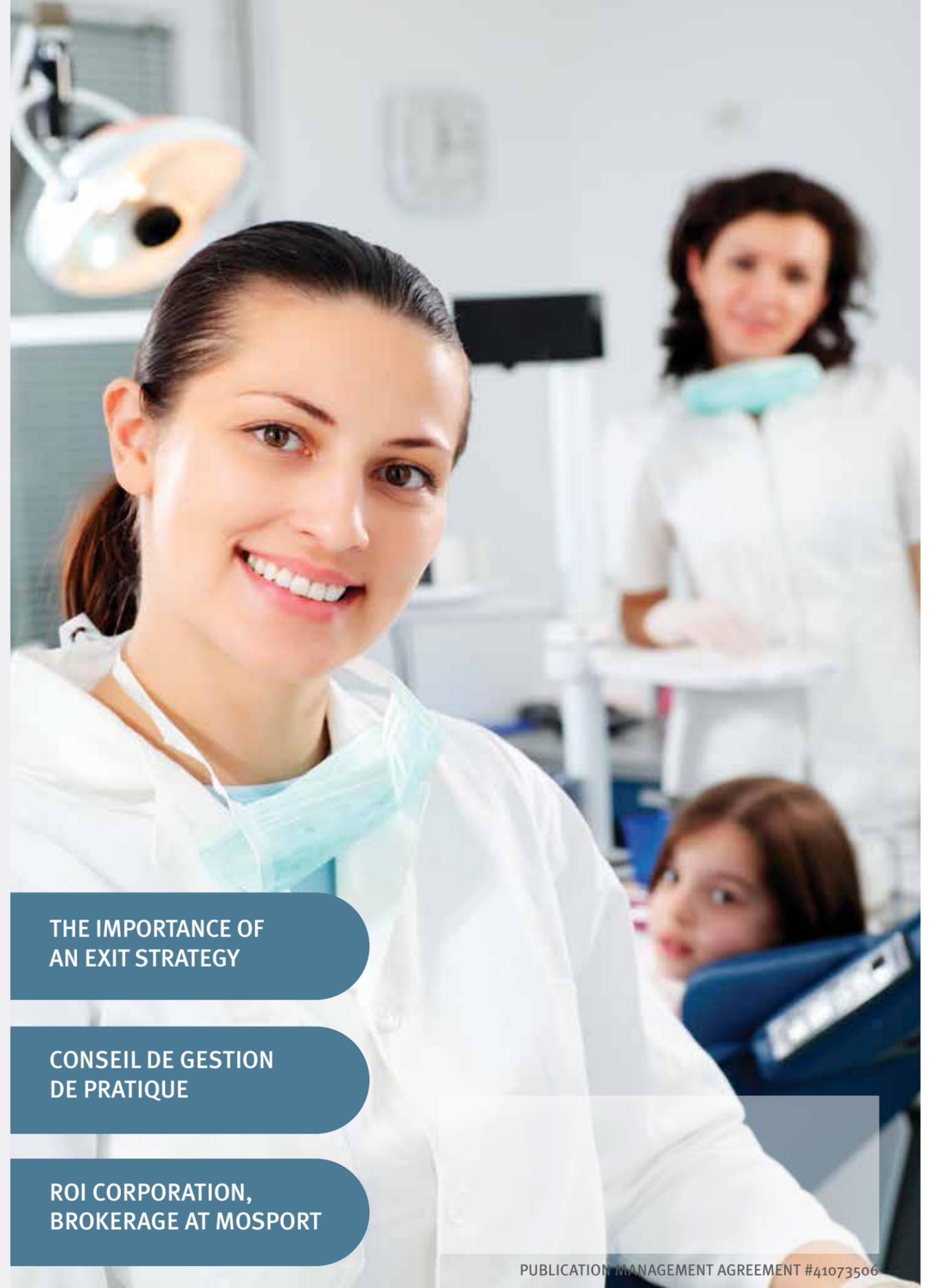




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DENTAL EDITION

WINTER 2016

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EDITOR'S PAGES

Reader Responses, More On Dr. John Wilson, Content Notes And More

This issue will publish some of our readers' responses to the article written by Dr. Milan Somborac on *The Perceived Oversupply of Dentists* (see last issue of *Profitable Practice*).

Readers responses:

I read your article in the *Profitable Practice* magazine dated Fall 2015. Though I cannot comment on the dental economics in the big city, I can comment on what is happening in Saskatchewan. As a practitioner in the seemingly remote areas of Saskatchewan I can attest to the fact that we are in fact short of dentists and auxiliaries in the rural areas. I was also curious about your comment about the oral surgeons in Saskatchewan. To my knowledge the only ones practicing are in Regina and Saskatoon and they are all very busy, but able to get most patients in. Regina is much tighter due to recent retirements etc. I am unaware of any surgeons practicing outside of these cities; could you fill me in if I have missed something.

Maybe I can use them to help me out.

Dr. Jerry Janzen

Dr. Janzen is correct in his observation that there is a chronic undersupply of dentists in much of Saskatchewan. This is exacerbated by a severe shortage of Certified Dental Assistants in the province. There is also an undersupply of Oral and Maxillofacial Surgeons. OMFSs are located in only Saskatoon and Regina; they are very busy and there have been recent retirements in Regina that is putting more pressure on access.

Peter Doig

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As I was reading the article by Dr. Somborac I couldn't help but be a little upset by his comment that the "Canada Revenue Agency reports that we are the top income earners in the country".

It is bad enough that people think it and the CRA says it but do my fellow professionals have to substantiate it without really working out the math? It makes no sense to compare apples to oranges. While our yearly taxable income may be reported as high, what happens when we stop working—no money right? I compare that to my Dad who suffered through 35 or so years of low civil servant pay in order to have the security of an indexed pension plan and other benefits for life. So, by the time he passed at 95 after retiring at the healthy age of 57 he had made over 2.5 million dollars in his retirement years. I will not be so lucky; even with a practice that could list for 2.5 million the taxes will erode my pension substantially. Meanwhile my RRSP's have been reduced by one economic downturn after another.

In other words, being a high income earner just gives you the privilege of paying more taxes with less future security. Have you ever noticed how many dentists keep practicing well into their late sixties and beyond?

Dr. Rob Piedalue

More on Dr. John Joseph Wilson

Readers will recall that in our last issue we asked viewers if they had any information to add to our knowledge about Dr. John Joseph Wilson, a dentist who graduated in 1900 and practiced in Burk's Falls, Ontario.

Dr. Jim Redd, a Calgary based dentist, consulted Ancestry.ca and turned up some valuable information. Dr. Redd's detective work led to the following: according to the 1921 Census of Canada, Dr. Wilson was 51 years old in 1921,

and was married to Rachel who was 43 at that time. They owned a wood construction home. They were both born in Ontario and their parents were of Irish, Scottish and Canadian descent. Their religion is listed as Presbyterian, she is referred to as a house wife and he as a doctor of dentistry. Their marriage appears to have taken place in 1915.

This is what was derived from Ancestry.ca records. While this is helpful—there are now more questions to be answered. Dr. Wilson and Rachel were an ‘older’ couple (for this time period) when they married—she in her late 30s and he in his mid 40s.

Why so late in marrying?

Did they have children?

We know Dr. Wilson was the town’s dentist and in addition, he was the Justice of the Peace for Burk’s Falls in 1923 according to a town’s document that was found in a real estate office basement in Burk’s Falls.

Certainly the *dentist as sheriff* theme is an interesting puzzle to be solved—maybe more will turn up—stay tuned. Our thanks to Dr. Redd for his contributions to our story on Dr. John Joseph Wilson. We encourage our readers to send us any information they find on the Burk’s Falls dentist and Justice of the Peace.

The Dental Car at Smiths Falls, Ontario

This issue features the first of a three part series on the history of the dental car in Ontario. Part 1 tells the contribution made by John Weir in donating the last dental car in existence to the Railroad Museum of Eastern Ontario located in Smiths Falls, Ontario. The story of the car and the many dentists who served on it providing dental care to children in remote northern Ontario is an important part of Canadian dental history. I am happy to announce that ROI Corporation, Brokerage (the publisher of this magazine) has made a substantial financial contribution to the car’s maintenance and preservation.

Content notes

Andrea Chan of MNP relates the importance of having an exit strategy for all phases of your dental career. Timothy A. Brown provides practice sales advice en français for our Quebec and Francophone readers. David Rourke provides a solution and a way to hire the right person for the job.

Dr. Milan Somborac once again gives us a chapter summary of *Monday Morning Millionaire*, his book on how to invest in the market without the help of an advisor. Dr. Tony Mancuso is a seasoned dentist who operates in Welland, Ontario and gives young dentists

a detailed blueprint of the first five years of a dental career. Dave Love of Patterson Dental reports on the CEREC 30th Anniversary Convention that recently took place in Las Vegas.

Feature interviews

This issue interviews Dr. David Kenny a well-known dentist and academic who is co-authoring a book on the history of dentistry at the University of Western Ontario. Dr. Neeraj Bansal and Dr. Raja Sandhu are major principals in the Sandhu Dental Group. They have chosen to own and practice in smaller towns and cities in eastern Ontario. Dr. Ira Schechter and Dr. Michael Schechter are a father-and-son team who have a unique practice that has a number of elements that are not present in an average dental practice.



Canadian Tire Motorsport Park

A day at the racetrack

ROI Corporation, Brokerage invited twelve prominent dentists and dental industry leaders to the Mercedes Benz Driving Academy held at Mosport (now the Canadian Tire Motorsport Park). The guest drivers participated in a day of classroom-style instruction and hands-on driving experience of some of the finest cars Mercedes Benz makes. See article and more photos by Graham Ruddy on pages 27 and 28.



James Ruddy

James Ruddy is the Editor of *Profitable Practice Magazine* and can be reached at editor@profitablepracticemagazine.com

Buying, Opening Or Expanding A Practice? Start With An Exit Strategy

by Andrea Chan

Thinking of buying, opening or expanding a dental practice? Then you’ll need an exit plan.

That’s right. At the same time as you develop start-up or growth strategies, you also need to plan for the day when you will transition out of the business, even if that date may be decades away.

Developing an exit strategy early on enables you to put the right foundation in place. Then in the future when you decide to transition out of your practice, it’s unlikely you’ll have major obstacles to address or serious problems to correct. You’ll also be able to act quickly to take advantage of opportunities, and you’ll have more options available to maximize returns from a sale.

While there’s not a lot of work involved in developing an early exit strategy, there are four considerations that are important to include now that will deliver rewarding returns in the future.

1. Establish a knowledgeable team of advisors

When investing in the start-up or expansion of a practice, dentists sometimes seek to reduce costs by doing their own negotiating, financial, tax and legal work or hiring family or friends. The difficulty with this approach is that these advisors may lack sufficient experience with dental practices, which have unique qualities and complexities. This could negatively impact your financial, tax and legal situation—both for your business as well as for you personally.



It’s advisable to assemble a team of advisors experienced with dental practices who can work with you through every stage of business growth.

- An accountant/business advisor who can act for the team and ensure your business structure, partnership and shareholder agreements, along with your retirement, estate and tax planning are all aligned to achieve your goals.
- A lawyer who can help with setting up a tax-saving professional corporation, prepare associate agreements, review lease agreements, set up an estate plan and facilitate the profitable sale of a practice.
- A banker who can provide financing solutions for the purchase, buy-in, buy-out or expansion of a practice, as well as purchases of equipment and commercial real estate or refinancing of real estate debt.

Keep in mind that you want these professionals to be able to work together as your practice evolves through the years so the decisions you make take into account all key financial, tax and legal considerations. Then, when you decide one day to transition or sell your practice, this group can work together efficiently according to the transaction timeline. Having a dedicated team in place also substantially reduces the professional fees for preparation, due diligence, documents and negotiation involved in a sale transaction because team

members are familiar with your business. As well, your practice will reflect the result of their sound advice over the years.

2. Consider future implications when structuring the practice

While there are a variety of ways to structure a dental operation, it's important to keep in mind the way you structure it today can have a major impact on a sale tomorrow. For example, if you establish a professional corporation (PC) and transfer the assets of your practice into this PC, when you later sell the shares of PC you can benefit from the lifetime capital gains exemption. This exemption enables you to shelter up to \$800,000 of the sale gains. However, if you purchase a practice and a building in a single PC, you must sell them together to take advantage of the capital gains exemption.

Another example of how business structuring may impact a future sale: If you purchase three practices and place them all in a single corporation to minimize annual filing fees, you may only be able to sell the assets of the practice, not the shares. Consequently, when structuring a new or growing practice, it's important to thoroughly assess the implications of available options.

3. Build sustainability into the operation

Buyers of dental practices look for value and sustainability when assessing a prospective purchase. The more of these qualities they find, the higher the sale price is likely to be. So when setting up or upgrading a practice, it's helpful to establish systems and processes that will be profitable long-term investments. Here are some examples.

- A long-term, cost-effective lease.
- Employment contracts in place for all associates and key employees.
- Complete, accurate, timely financial records and statements, including separate books and records for multiple locations.
- Fully integrated and up-to-date accounting and practice management software (including scheduling, production, billing, collections and financial reporting) that produces reliable productivity and profitability reports.

4. Prepare a transition action plan several years prior to sale

When a potential future sale of your practice may be only years away rather than decades, it's time to set up a transition action plan. This plan sets out the specific tasks required to successfully exit your practice and achieve maximum returns from a sale.

Since a key component of this action plan is a valuation of the practice, it's helpful to know that a valuation usually takes into account the financial performance of a business going back three years. Since an attractive valuation can make a big difference to the final sale price, you should allow enough time prior to a sale to correct any problems and strengthen profitability.

Along with a valuation, a transaction action plan also typically includes the following:

- Your financial and business goals
- An evaluation of transaction structuring options (i.e. sale of assets, shares or a combination, phased or total transition, etc.).
- Solutions to minimize immediate and future tax liabilities for yourself, your business and the purchaser.
- Anticipated net sale proceeds.
- Requirements to structure the practice for sale.
- Tasks to enhance the value of the practice.
- A timetable.

During this time period it would also be helpful to bring an experienced business broker specializing in dental practices onto your advisory team. This professional can provide essential knowledge and guidance to attract the right buyer, and assist with preparing the practice valuation, marketing the business, screening potential buyers and assisting with negotiations.

By working with your advisory team through each stage of business growth and assessing how decisions along the way may potentially impact your exit strategy, you can move forward with confidence knowing you will achieve your business and personal financial goals.

Bottom Line: It is good business to have an exit strategy before you need it and to hire professionals so that your strategy is realistic and really meets your needs.



Andrea Chan

Andrea Chan, CPA, CA, (andrea.chan@mnp.ca 416.596.1711) is a partner of MNP LLP (www.MNP.ca) who works with dentists and other professionals to enhance the profitability of their practices and to achieve personal financial wellbeing for themselves and their families.

Hire The Behaviour, Train The Skill

by David Rourke



Building a great team is central to owning and operating a thriving dental office. Team members handle the daily responsibilities of their jobs and are the faces of the practice. They are largely responsible for creating the environment that your patients will associate with your practice and they drive your business—either up or down.

Unfortunately, owners have very little training in how to properly hire and build an exceptional team. Most have spent four years in dental school in addition to the four years of undergrad that was often spent in the physical sciences. With eight years of education and little or no time spent on hiring, training or managing, it is not surprising that many owners struggle with this very important part of their business.

Time and time again owners make a crucial mistake when they decide to add a new member

to their team, especially when it comes to hiring someone for the front desk. Invariably, the first thing owners make clear to me is that candidates need to be proficient in (insert practice management software). This is understandable, as using a specific software is a key function of the job and they want a receptionist who already knows how to use it.

And therein lies the first major mistake that many owners make when hiring a new employee—they hire based on skill.

First of all, the ability to use the required practice management software is a skill and a skill is something that can be taught. It may take a little time and money, but a modest investment at the beginning can teach any good employee to use any software. Most companies even offer training programs to assist with this.

Owners should focus on hiring a receptionist with great problem solving skills, ability to learn, able to multi task, proficient at conflict resolution etc. This list of almost never-ending factors is more

important than the ability to use a software program. The difference is that the previously mentioned are all behaviours. Behaviours have to do with how an employee responds to different situations they encounter in the workplace—either positively or negatively.

The reason why it is so important to hire employees with good behaviours is because unlike skills, they cannot be taught. They are a product of a person's entire life, education and work experience. Behaviours cannot be listed on a resume and if they are, they should not be relied upon as being accurate.

Instead, the best way to determine a person's behaviour is through a proper behavioural-based interview. It is a style of interview that does not focus on a person's possessed skills, but rather focuses on how they handled different situations in the past, either successfully or not.

Just like the ability to use a specific software, the ability to conduct a proper behavioural-based interview is a skill, one that anyone can learn. For the purposes of this article I'm not going to go into great detail on this style of interviewing for there is far too much to cover, nor am I qualified to properly teach it. However, I'd encourage all readers to take some time to do some research online. Consider how it compares to your own hiring process. Look back on previous hires and try to determine whether there were identifiable behaviours that you might have picked up on that would have helped predict either the good or bad behaviours of your staff. If you are serious about building a great team—take a course and get serious about proper hiring. The difference between hiring the right person from the very start will more than cover the time and expense.

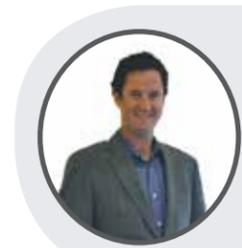
We have our own great success story at ROI due to this very approach. Anyone that has ever read an ROI Corporation, Brokerage appraisal will have noticed the exhaustive and detailed list of leaseholds and equipment. In the past, we hired retired dental sales representatives to list and price the equipment. It was natural to do this given their skill of being able to identify and evaluate dental equipment. While they always did a great job it was labour intensive and time consuming. Five years ago, I worked in this department with the mandate to find a way to make the process faster and more efficient without sacrificing the detail and accuracy. After tweaking some of the processes, I approached the ROI Corporation's owners with an out-of-the-box solution—to hire a 23-year-old who had no previous experience in the dental industry.

While Amanda had no knowledge of dental equipment, she had previously worked for me and I was supremely confident that she possessed every single behaviour that is required to excel at the very detailed and process oriented job of listing and pricing dental equipment.

It took a little longer to get her started and we had to invest upfront in additional training, but within three months she was bordering on being an expert in dental equipment. Five years later Amanda oversees the assets that go out in every single appraisal we produce across Canada. We are more detailed than ever and the process now takes a fraction of the time it once took.

In the end, her behaviours accurately predicted her performance and all we had to do was give her a little training on a simple skill.

Bottom Line: When it comes to hiring for your practice, concentrate your energies on behaviours or attitudes, not skills. Skills can be taught; behaviours or attitudes are innate.



David Rourke

is an associate of ROI Corporation, Brokerage. If you would like to discuss the above, he can be reached at david@roicorp.com or at 647-519-5775

Devenir Un Meilleur Vendeur

par Timothy A. Brown



La grande majorité des acheteurs aujourd'hui ne sont pas des "i-Dentistes™". Plutôt que d'être en dentisterie uniquement à des fins d'investissement, de posséder et de gérer de multiples pratiques, ils sont des praticiens impliqués, à plein temps qui sont motivés par la plupart des mêmes choses qui existaient quand mon père Roy Brown avait commencé son entreprise de consultation dentaire il y a plus de 40 ans.

Les acheteurs aujourd'hui veulent ces avantages de base suivants:

- Être leur propre patron.
- Avoir le contrôle sur leur revenu.
- Maintenir une autorité complète sur les décisions d'affaires et de traitements.

J'ai accumulé des données sur nos acheteurs depuis 1974 et les "meilleurs vendeurs" en tant que cabinets dentaires ont tous certaines caractéristiques en commun:

- Gérés par un seul praticien.
- Génèrent une facturation dans l'ordre de 750 000\$ à 1,25 millions\$.
- Leur flux de trésorerie d'exploitation redressé * est égal à 40% ou plus de leur revenu brut.
- Soixante heures ou plus par semaine de rendez-vous préventifs sont fixés trois à six semaines à l'avance.
- Ne sont pas situés dans les districts aux loyers élevés, comme un grand centre commercial ou au détail (malgré que la visibilité est toujours utile).
- N'emploient pas de dentistes à pourcentage à long terme qui ne sont pas sur contrat.
- Ne sont pas impliqués dans des partenariats complexes, telles les situations où un partenaire

souhaite vendre et l'autre non (la vente d'une part d'une pratique est une tâche très difficile pour un courtier!).

★ Leur flux de trésorerie redressé ne comprend pas de dépenses «discrétionnaires», de salaires conjugales ou familiales ou de dettes. La dette ne fait pas partie des frais généraux d'exploitation, c'est un coût d'acquisition en capital qui généralement sera éliminé avec le temps.

L'équipe nationale d'associés avec qui je travaille reconnaît également que les dentistes qui sont propriétaires d'un cabinet et présentant ces caractéristiques éprouvent moins de stress. Et des observations similaires sur les groupes de cabinets dentaires révèlent pourquoi cette dynamique peut échouer. Ayant travaillé au sein d'une chaîne de cliniques dentaires la plus importante au Canada (Tridont) dans les années 1980, je peux prédire la chance de survie des multiples chaînes qui sont en plein essor aujourd'hui.

Conceptuellement le concept i-dentiste™ est un excellent plan d'affaires si acheter et gérer de multiples pratiques est la cible. Cependant, pour un dentiste avec un esprit d'indépendance (en supposant qu'il ou elle désire maintenir contrôle sur le style de pratique, une tendance recherchée par plus de 75 per cent des dentistes canadiens), ce style de chaîne de cliniques dentaires mènera inévitablement à un défi de pouvoir à long terme.

Les pratiques qui sont plus difficiles à vendre démontrent généralement les caractéristiques suivantes:

- Emploi des dentistes à pourcentage qui ont beaucoup d'ancienneté et peuvent influencer négativement les patients et/ou le personnel après-vente.
- Le(s) dentiste(s) à pourcentage n'a pas signé un accord proprement écrit.
- Les dentistes à pourcentage menacent le nouveau propriétaire de la pratique et le marché libre dicte que la pratique sera plus difficile à vendre, point à la ligne!
- Tout type d'arrangement dans lequel l'espace ou les frais généraux sont partagés avec un autre professionnel complique la transaction. Fondamentalement, la nature humaine s'avère un risque potentiel de conflit dans le futur.
- Le personnel à long terme qui est très bien payé mais n'ayant pas signé une entente écrite appropriée d'emploi.
- L'acheteur se rend compte que le personnel existant est précieux, et donc il est retenu dans la plupart des pratiques vendus. Cependant, le personnel qui est très bien payé ou d'une ancienneté significative peut

intimider le jeune acheteur. Un personnel de longue date est très important pour la rétention des patients, mais les acheteurs avec de gros prêts, un hypothèque et des dépendants vont essayer de réduire les dépenses pour maintenir la rentabilité. La crainte est que la réduction des salaires et/ou l'augmentation des heures peut entraîner la perte de membres importants de l'équipe.

- Les bureaux surdimensionnés ou à loyer élevé – pendant les périodes creuses, les loyers élevés restent les mêmes. Le loyer devrait généralement représenter 3 à 7 per cent du revenu brut; s'il est plus élevé, l'acheteur va se méfier de ce risque à long terme.
- Les pratiques qui sont sur-capitalisées (bâux et équipements extravagants) sont difficiles à vendre parce que les installations ont été conçues pour accueillir plus qu'un dentiste ou en fonction des goûts personnels. Oui, les acheteurs apprécient les grands bureaux, ultra-modernes avec des équipements de dernier cri, mais ils ne veulent pas nécessairement assumer la dette qui les accompagne.

Ces questions ont fait surface à plusieurs reprises au cours de mon travail. J'ai effectué des calculs pour appuyer la théorie que "les meilleurs vendeurs" en tant que pratiques se vendent pour le montant le plus élevé lorsque les cabinets alternatifs sont pris en considération. Les propriétaires de ces pratiques sont les plus heureux et vivent le minimum de stress. Ils prennent plus de vacances, profitent des frais d'exploitation les plus bas et généralement travaillent plus longtemps en dentisterie en raison de l'environnement de travail enrichissant.

Le choix est le vôtre. Tout le monde a des philosophies différentes, mais tout dentiste peut pratiquer comme un "meilleur vendeur".

En conclusion : Vous avez l'embarras du choix quant au type de clinique que vous voulez développer et vendre. Pour vous orienter, considérez ce que ROI a remarqué au fil du temps auprès de ses clients qui définit plus typiquement les caractéristiques d'une clinique gagnante comparé à une clinique qui serait plus difficile à vendre.



Timothy A. Brown

Timothy A. Brown est PDG de ROI corporation courtage, l'éditeur de la publication *Profitable Practice* et l'auteur du livre *Profitable Practice*. Vous pouvez le rejoindre au 1.888.764.4145 ou à timothy@roicorp.com.

Dr. David Kenny

with Editor



Dr. Shelley McKellar and Dr. David Kenny

Editor's Note: After meeting and speaking with Dr. David Kenny, I was impressed by how affable and articulate he is—and how passionate he is about his latest project. The semi retired dental professor is writing a book about the history of dentistry at Western. It is truly a labour of love as he is the main source of funding for the project. Dr. Kenny and Dr. Shelley McKellar, a Western Professor in the History of Medicine, will collaborate to write the history, do interviews and compile the data. Anne Daniel, Associate Archivist, will catalogue and store the memorabilia and artifacts that will be donated.

Dr. Kenny answered the following.

What is your present title and role at the University of Western Ontario?

I am currently Professor of Dentistry, University of Toronto and Honorary Consultant, Sick Kids. I am a member of the first graduating class in Dentistry at The University of Western Ontario. I graduated in 1970 with a DDS then went to Toronto for my PhD in neurophysiology and specialty in Pediatric

Dentistry. I was the founding Chief of Dentistry at CHEO in Ottawa and Dentist-in-Chief at The Hospital for Sick Children, Toronto. I am now retired, a Western alumnus and a 'citizen historian'.

What was the inspiration for writing a book along with Professor Shelley McKellar about the history of dentistry at the University of Western Ontario?

My class held a birthday dinner for Dean Wesley Dunn in May 2014 and he reminded us that 2015 would be the fiftieth anniversary of the founding of dentistry at Western. I contacted Dean Dunn in December 2014 to ask him if anyone was writing the history of dentistry at Western. When his answer was that no one had begun, I offered to do it and asked him to get the approval of the current Dean of Schulich Medicine and Dentistry. Dean Michael Strong was enthusiastic in his support and so I began by looking for an expert in history. Luckily I was pointed to Shelley McKellar, Hannah Professor in the History of Medicine, who is jointly appointed in the Department of History and Schulich Medicine & Dentistry at Western.

What will be the contributions to this project of Dr. McKellar?

Dr. McKellar will contribute the broader perspective and situate the Western Dentistry events in context. This is an ideal collaboration; she is a professional medical historian who sees larger themes and patterns while I am the ‘insider’ who trained in this field and has access to other ‘insiders’ with whom to interview. We are working together to capture and tell the stories that are part of the half-century of dentistry at Western. This summer we have already logged over 40 hours of interviews with many more to come. It is exciting to be able to ask questions and get interpretations from those who were there and to learn the influences of the times on events.

What has been the biggest surprise for you so far in the preparation and writing of this book?

Dr. Jack Harris of London Ontario and the late Dr. Jim Pattison of Stratford were directly responsible for the addition of a dentist, Dr. Cecil Strachan of London, to the Federal Royal Commission on Health Services. Recommendations of this Commission, dubbed the Hall Commission, were the impetus for Ontario Premier John Robarts’ announcement of funding for a new dental faculty at The University of Western Ontario in 1964.

What key elements of what will be in the book can you share with our readers at this time?

Two overarching elements quickly became obvious as we began our research this summer. Firstly, two groups played key roles in the development of Western Dentistry: (1) members of the London and District Dental Society initiated the founding of the Faculty, and (2) Western alumni and community dentists from farther afield provided ongoing support through donations, teaching and community service. Secondly, Western University budget restrictions, due to the withdrawal of federal support and national recessions, affected program delivery, clinical instruction, and student tuition costs. Creative solutions, initiated from within the dentistry school, sustained the program through periods of significant tension with university administrators. We plan to weave these overarching stories throughout the narrative.

What do you want the readers of your book to take away?

We will present alumni with the background of events that happened before and after they went to dental school. They will recognize many of the events and

personalities at Western Dentistry, yet within a broader context. We will draw attention to many of the similarities and differences between medical and dental education for students, faculty members, administrators and the public. We will highlight the stories of full and part time faculty members who were exemplary educators and investigators alongside those of community dentists who are the bedrock of volunteerism.

What will be the contributions to this project of Anne Daniel?

This is also a documentary history project, in which research materials generated and collected from Western Dentistry alumni and faculty will be deposited in Western Archives for posterity. Anne Daniel is the university archivist responsible for the Western Dentistry records, and her expertise and guidance in safeguarding this material is essential. She will coordinate contributions and assists us in our research.

You are encouraging dental alumni to send dental memorabilia (photos, mementos, artifacts etc.) from their days at dental school at Western. How will these be used?

Western Archives will catalogue and store these items for future research and exhibitions by the Dental School, Western University community, visiting researchers, or other interested parties. They can accept digital as well as physical contributions towards capturing this important history before it is lost.

When do you expect to be finished the book and how can Western University dentists contribute?

One year of research and one year of writing is our plan. We began this spring. Western alumni are spread throughout Canada and we would like to hear from them. Just send an email to westerndenthx@yahoo.com with your date of graduation and we will send you back a series of questions that are customized for the years during which you were a student.

Bottom Line: This interview features one of the authors of an upcoming book on the history of dentistry at the University of Western Ontario.



Dr. David Kenny

Dr. David Kenny is well known dental academic at both the University of Toronto and the University of Western Ontario, as well as at the Hospital for Sick Children in Toronto. He can be reached at westerndentistry@yahoo.com

How And Why I Bought A Model S Tesla

by Dr. Milan Somborac



Editor’s Note: *Profitable Practice* is pleased to serialize chapter summaries of *Monday Morning Millionaire* previously available online and written under the pen name Friedrich the Austrian. As indicated above the author’s real name is Dr. Milan Somborac, a Collingwood, Ontario based dentist. He has removed the book’s availability online, as he believes its investment advice will be adversely affected if it is in wide circulation. *Profitable Practice* will continue to serialize *Monday Morning Millionaire* in future issues.

The how part is easy; it is available to all self-employed professionals like dentists, veterinarians and optometrists.

The self-employed need to save and invest in order to build up a pension over and above the Canada Pension Plan and the Old Age Security programs. By being lifelong do-it-yourself (DIY) investors, self-employed professionals can save the price of a Tesla, two in fact, by avoiding advisory fees. The upcoming second edition of my book *Monday Morning Millionaire* will be published within the next twelve months and will show how

in detail. (ROI Corporation, Brokerage clients will get a copy at no charge by contacting stephanie@roicorp.com.) Following the methods that the book will outline, in addition to saving the price of a Tesla, DIY investors will outperform the vast majority of portfolios managed by professionals. In truth, my wife and I bought the Tesla with one week’s winnings in the stock market, which the book will also describe; nevertheless, as the beginning of this paragraph states, all self-employed professionals could buy one simply by being DIY investors and eliminating advisory fees over a lifetime.

For now, the reader can profit from three myth busters that we present here.

First, let us deal with the myth of diversification. While the vast majority of advisors preach diversification, all great fortunes in history, all of them, were built through concentration—the diametric opposite of diversification. The makeup of a three hundred million dollar Rockefeller stock portfolio was made public several years ago. It held seven stocks. Seven! Each was a variation of Standard Oil Co. of New Jersey after its government-mandated breakup in 1911 under the Sherman Anti Trust Act, so, practically, the portfolio held one stock.

Concentration made J. D. Rockefeller the richest man on the planet. Diversification as preached today benefits brokers by generating more commissions more often. It does not do much for investors.

By choosing a low-cost Exchange Traded Funds that mirrors the US economy as a whole we can invest in concentrated diversification or diversified concentration. (The S&P 500, symbol SPY and the NASDAQ index, symbol QQQ are good ETF examples.) Instead of betting on a single stock we are betting on a single economy, the US economy. Empires do have a 100 per cent failure rate but the end of the US empire is nowhere in sight. Yet.

The second myth we need to dispel is that “experts” can pick stocks. Since every transaction has a buy and a sell side only one of which is correct, picking the right stock has a 50 per cent chance of being correct. All information is available to all. (The exception is non-public information that is available to insiders only and trading based on it is illegal.)

The third myth is that “experts” can time markets. Since markets go up OR down, again, the “expert” has a 50 per cent chance of being correct.

Two notable experiences support the fact that stock picking and market timing are myths.

Starting in 1988 *The Wall Street Journal* ran 142 overlapping, six-month contests for a period of some 14 years using its journalists to throw the darts at a newspaper stock listings page. The dartboard portfolios were compared to portfolios made up by professional analysts, portfolio strategists, portfolio managers, investment officers, quantitative strategists and analysts and other “pros”. The “pros” mostly-manufactured job titles were a good deal more impressive than their record. For 90 per cent of the contests the “pro” portfolio’s performance could not be distinguished from that of the dartboard portfolios!

Concerning market timing, over the 35 year period from 1970 to 2005, the PBS show *Wall Street Week* gained increasing popularity by featuring the failure of a stream of “pros” to predict the direction of the market.

Yes, stock picking and market timing can result in an illusion of skill, to use economics Nobel Laureate Daniel Kahneman’s term for this activity. Please note the expression “illusion of skill”, please note economics Nobel Laureate.

Why a model S P85D Tesla?

Consumer Reports gave it the highest rating they ever awarded to an automobile! It is probably the most talked about car these days primarily because it goes from zero to sixty in 3.5 seconds! That is flash. Now for substance. Because there is no engine allowing a deep crumple zone, it is the safest vehicle out there.

And more substance. With an internal combustion engine, twenty per cent of the energy in a gas tank moves the car forward. The other 80 per cent is wasted to generate noise and heat. In an electric vehicle, 80 per cent moves the car forward wasting only 20 per cent of the energy stored in the battery. Multiply the single car waste created by the millions of cars on the road to get an idea of the staggering amount of pollution that the electric car will eliminate once it replaces the internal combustion engine. The ICE needed sixty years to replace the steam engine. The electric vehicle will need decades to replace the ICE with the oil companies doing everything possible to stand in the way.

Bottom Line: The bottom line here is—be a do-it-yourself investor by buying and buy an electric vehicle by saving on advisory fees.

Editor’s Note: Here are some illuminating words from Dr. Somborac about his second edition of *Monday Morning Millionaire*.

This book will show you how, using the stock market, you can make and even surpass your usual weekly income before you get out of bed on Monday morning! I do it every Monday that is not a holiday. Otherwise, Tuesday. We are not talking here about day-trading, junior mining stocks, commodities trading, triple inverse exchange-traded funds, penny stocks, derivatives trading, foreign currency exchange trading or any of the many ways and financial “innovations” promising to teach you how to make serious money without heavy lifting. (I use quotes in an ironic sense to mean so-called.) When asked which financial “innovation” he saw as the most valuable, the respected American economist and former chairman of the Federal Reserve Board, Paul Volcker, scornfully said, “The ATM machine.”



Milan Somborac DDS

Milan Somborac practices dentistry in Collingwood, Ontario and is the author of *Your Mouth, Your Health*. He also serves as the editorial consultant for this magazine. He can be reached toll-free at 1.866.445.0551 or by email at milan@drmilan.com.

CEREC 30th Anniversary Celebration, Las Vegas

by Dave Love



I had the opportunity to attend the CEREC 30th Anniversary Celebration (September 17-19, 2015) at The Venetian and The Palazzo Hotel in Las Vegas. First of all, I was impressed by the massive size of this hotel and conference complex, which until recently was the largest in the world.

It was an incredibly well-organized event that was attended by 6,000 dental professionals from over 50 countries. Many of the dentists were existing CEREC users and many others were considering buying the technology for their dental practices.

This event was considered to be the world’s largest digital dentistry convention. It is in a class and size of its own and offered the guests a wonderful combination of exciting presentations by well-known and respected dental professionals and celebrities. In addition, there were breakout sessions and an exhibit hall displaying all things CEREC

related. It was like attending a rock concert for three days but with amazing dental industry content. What an exhilarating experience!

Some of the notable speakers from the dental community were: Dr. Frank Spear, Dr. Rella Christensen, Imtiaz Manji, Bernie Stoltz, Fred Joyal, Jeff Slovin and Michael Augins from Sirona, and many others. Celebrity speakers Emmitt Smith (NFL superstar and Hall-of-Famer) and Tony Robbins (leadership and life success coach) shared their stories and words of wisdom.

The energy at C30 was positive and very high. It’s a testament to the CEREC culture and its leading-edge technology. There is no doubt that dentistry is undergoing a revolution and CEREC is front and centre in this transformation that makes a visit to the dentist a more enjoyable experience for the patient and dental/office staff alike. Single visit dentistry makes absolute sense!

The welcome reception on the first night allowed thousands of dental professionals the opportunity to network. The following evening presented a

chance to rock out with Grammy-Award winning band Train, and the final night was “party like a rock star” at TAO the Nightclub.

The size of the CEREC community has grown tremendously. Many dentists have embraced this technology and are willing to educate and help others. There are now over 40,000 CEREC users worldwide. Every five seconds a CEREC is placed somewhere in the world.

CEREC is to digital dentistry what Apple’s iPhone is to digital communications. Both are digital technologies that are revolutionizing their respective fields. CEREC has also greatly expanded its use beyond restorative dentistry. It is now used for implantology and orthodontics.

There were over 100 breakout sessions led by some of the most prominent lecturers in the dental community. These sessions provided the option to choose your own path, and attend sessions that made the most sense to you. The main theme throughout the three days was how do dentists make CEREC a better experience in their dental practices.

At one session, an accountant made a very good analogy contrasting dentistry to the video rental industry and the now on-demand internet streaming media industry. Everyone is familiar with Blockbuster and Netflix. Blockbuster at its peak was a giant with more than 9,000 stores and 60,000 employees across the globe. Many of us remembered the experience of going to Blockbuster to select a movie, taking it home to view (and rewind) and hopefully returning the movie on-time—totalling two visits to the store. This compared to the traditional method of restorative dentistry (impression, temporary crown and return in 1-2 weeks for a permanent crown). With Netflix you download a movie, and view—similar to CEREC restoration one-and-done in the same appointment (without compromise) leading to a more enjoyable experience.

What is interesting is that Blockbuster dismissed Netflix as a niche player in its early years. Blockbuster had a chance in 2000 to acquire Netflix and did not do so. The end result—Blockbuster declared bankruptcy in September 2010 and Netflix has over 65 million subscribers, and a market cap over \$43 billion US (at the time of writing). This scenario amplifies the eight deadliest words in business—“That’s the way we have always done it.”

It’s estimated that within five years 50 per cent of dental offices will have made the move to digital dentistry. In the US the current penetration rate for digital dentistry

is 18 per cent. In Canada it’s slightly lower. CEREC is clearly in the growth phase of the product life cycle model. Nothing personal, but patients want to see their dentist as little as possible. Time is our most valuable commodity.

As a result of CEREC’s growing success, it was announced on the final day of C30 that Sirona will launch Siroworld, which is a community of collaborative, forward-thinking dental professionals. The first annual SIROWORLD Event is August 11-13, 2016, in Orlando, Florida. This community offers users, academics and experts from the dental industry the opportunity to exchange experiences and receive information relating to innovations and other products.

Further to this announcement, starting January 1st 2016, CEREC and 1-800-DENTIST will be launching a consumer marketing program. Appearing in national television commercials in the US, Fred Joyal of 1-800-DENTIST will illustrate and promote the lifestyle associated with being a CEREC patient.

This is an exciting time for dentists as you are in the midst of a revolution. CEREC makes a difference in the lives of people. It’s faster, better, and more efficient than conventional dentistry. A large and exciting CEREC community already exists that is setting the standard for dental care. High customer satisfaction and loyal patients who experience this care are not likely to go back to traditional methods and will refer others to their dentist.

Sirona sees the future, and the future looks very bright with CEREC.

Bottom Line: This article reports on the recent CEREC 30th Anniversary Celebrations in Las Vegas that featured how to maximize the use of CEREC technology in your practice.



Dave Love

Dave Love is a Territory Representative with Patterson Dental Canada and has twenty-seven years of professional client service experience. He can be reached at 905.598.1521 or dave.love@pattersondental.ca

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PROFITABLE PRACTICE

Dr. Raja Sandhu

with Editor

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Drs. Raja Sandhu and Neeraj Bansal

Editor's Note: Dr. Raja Sandhu is a principal in The Sandhu Dental Group that presently owns and operates seven dental practices in eastern Ontario. He is very open and candid about how he came to this point in his career and where he hopes to go in the near future. He answered the following:

What led you to becoming a dentist?

My dad's friends were a motivating factor. They were physicians and I heard them complain about working long hours in hospitals. I chose dentistry because it was a better life style.

What is your present position and describe how you got there.

My present position is that we sold two dental practices out of the nine we have to friend associates at a good value. Now we have seven locations with some partners. We are working on intense management training with MGE, hoping to create a organizational structure that is sound. We want to establish more profitable practices in these locations with the intent to selling them to long-term associates. The aim is to give more cash flow to

The Sandhu Dental Group for further growth in eastern Ontario.

I got here by reading a lot of self-help books (like Timothy A. Brown's *Profitable Practice*). I had great support from Ann Wright (a practice sales representative), my brother and my wife.

You chose to practice and establish a business outside of major urban centres in small towns in eastern Ontario. Why?

I approach a lot of things by going in the opposite direction of the competition. So when others are centering on large urban centres, I along with my brother established ourselves in smaller towns with prime locations that have generated almost 10 million dollars. Now because market values have peaked, buyers are looking to buy wherever practices are available and affordable. The Sandhu Group hopes to sell some of our locations at high market value in order to strengthen our financial position and open up more practices in eastern Ontario.



What business practice model do you use and tell us how you arrived at this point.

Our business model is based on opening practices in underserved areas where the demand for good dentistry is high. Our second goal is to provide the maximum amount of dental services under one roof.

Describe a typical day for you.

Mornings start with meditation for five to ten minutes to focus on the day's events ahead. I usually consult with sedation and implant patients in the morning. Then I do four hours of implant dentistry in the afternoon and finish the day with an hour of managing our overall operation.

What are you passionate about?

I am passionate about people, progress and building things from scratch.

Personally

I like to read books that focus on business practices.

Professionally

My professional life revolves around sedation and implant dentistry.

What three words would your friends and family use to describe you?

Hard-working. Friendly. Committed.

What do you do to unwind?

I watch TV and movies and I like to swim.

What type of food do you like and do you have a favourite restaurant?

I like to eat out. A good steak is my favourite food and The Keg is my favourite restaurant.

What are the challenges Canadian dentists are now facing and will continue to face in the near future?

I see three major challenges: too many dentists, dentists that have no business experience or background and dentists that lack knowledge of demographics and statistical information.

Where do you see yourself in the next five years?

I see myself working three days a week instead of five and having a solid dental business that is well organized with good systems in place.

If you were giving advice to a graduating class of dentists, what would that be?

I would advise them to work in underserved areas like rural and northern Canada. They can earn a lot more and improve their clinical skills a lot faster.

Any regrets or final words?

I regret I bought a professional building in Ottawa and had to sell it at a loss of \$175,000.



Dr. Raja Sandhu

Dr. Raja Sandhu is the CEO and founder along with his brother Gurfeteh of The Sandhu Dental Group. He can be reached at 613.258.8983 or rsandhu@sandhudental.ca.

The Sandhu Dental Group

The Sandhu Dental Group has been serving eastern, Ontario since 2004.

Two brothers, Dr. Raja Sandhu and Dr. Gurfeteh Sandhu started the Group and have expanded their business by serving small towns and cities in eastern, Ontario. They recognized that this area was underserved and based a business plan around this factor.

They chose to locate in prime areas in smaller communities with offices of a pre-determined size that presented an opportunity for quality dental care to flourish. Their unique plan involves having senior partners and potential future partners (associates) practicing with them and offering a variety of quality dental services in each of their locations.

At present they have practices operating in the following towns and small cities: Smith Falls, Brockville, Cornwall, Prescott, Carleton Place, Kemptville, and most recently Casselman.

See Dr. Raja Sandhu's (CEO of The Sandhu Dental Group) interview and Dr. Neeraj Bansal's (senior partner) interview for more details on their unique operation and how The Sandhu Dental Group has achieved success and what their plans are for the future.

Dr. Neeraj Bansal

with Editor

Editor's note: Dr. Neeraj Bansal is part of The Sandhu Dental Group of dentists that operate in eastern Ontario. He is a good friend and colleague of Dr. Raja Sandhu one of The Sandhu Dental Group who is also interviewed in this issue (see page 17). The Sandhu Dental Group has a substantial number of practices in eastern Ontario. Dr. Bansal was educated in India and the US and relates his views on dentistry in the following interview.

What were the factors that made you want to be a dentist?

It was during my childhood when my father met with an accident and ended up with fractured leg. The orthopedic surgeon who visited my father for treatment was very caring, compassionate and professional. At that time I decided, I would choose a health profession. I was attracted to the patient care aspect of dentistry that led me to become a dentist.

What is your present position and describe how you got there?

I am owner of two dental practices located in Smith's Falls and Arnprior. I am a periodontist from India and graduated from University of California, San Francisco in 2013. I began my career in July 2013 and opened my first dental practice in partnership with my friend, Dr. Raja Sandhu in May 2014. I practice general dentistry with special interests in implants, surgery and endodontics.

You chose to practice outside of a major urban centre in a small town environment. Why?

In last two years, I have seen and experienced the need for general dentistry in small towns. Contrary to my beliefs, what we are seeing elsewhere is a mushrooming of dental practices in big cities that leads to a poor distribution of dentists throughout the country. This negatively affects proper patient care for those who need it the most. We (The Sandhu Dental Group) go where the demand is and eastern Ontario is one area that was underserved.

Describe a typical day for you.

My day starts with sending my six-year old son off to school. Next is a short drive to the office and a quick meeting with staff before the workday starts. To me, what is interesting about dentistry is every patient is different and I get to see various personalities in my office. It makes my day challenging and interesting at the same time—the way I like it!

What are you passionate about?

I am passionate about music and dentistry.

What three words would your friends and family use to describe you?

Friendly. Motivated. Persistent.

What do you do to unwind?

I like to play sports like tennis and meet friends.

What type of food do you like and do you have a favourite restaurant?

I like Indian food and my favourite restaurant is Amber India in San Francisco.

What are the challenges Canadian dentists are now facing and will continue to face in the near future?

I see a lot of practice management challenges like hiring and firing staff, daily managing and running dental practices dealing with specific accounting and taxation issues.

Where do you see yourself in the next five years?

I see myself being the owner of four or five dental practices and having a happy family with my children and my wife who is also a budding dentist.

If you were giving advice to a graduating class of dentists, what would that be?

Be compassionate while you talk to your patients, show confidence in your work. Be open to move out to smaller communities and serve the population in need.

Any regrets or final words?

LYFSAMZG - Life's Amazing, enjoy!



Dr. Neeraj Bansal

Dr. Neeraj Bansal is a senior partner in the Sandhu Dental Group. He can be reached at neeraj_perio@yahoo.ca or 613.793.1761.

The First 5 Years Of Your Career

by Tony Mancuso DDS, MAGD



Dr. Tony Mancuso

It seems like yesterday that I was asked to present to the University of Toronto's 4th year class a short presentation on what are some key factors for the first five years of your career. In fact this took place in 2007.

I felt that the transition from dental school to the working world of private practice required one to ascertain the following:

Where do you want to live?

Close to family or as far away as possible?

A rural or urban location?

What are the demographics of that area—is there an opportunity for you in the future there?

Is this where you would like to raise your family?

Once you have determined where you want to live, then the keys to your five-year plan are:

1. Associateship versus mentorship
2. Continuing education
3. Associations
4. Insurance
5. Buying versus building a practice
6. Consultants

Associateship versus mentorship

An associateship can be very different from a mentorship relationship with the principal dentist. Often a young associate dentist is hired by the principal dentist to take care of emergencies, overflow treatment and look after hygiene recalls often when the principal dentist is not there. This serves the needs of the principal dentist but does very little to mentor the new young dentist. Often the new dentist encounters difficulties such as: not

being able to locate an endodontic canal, a small root tip that cannot be removed after 20 minutes of trying—which seems like an eternity, not being able to diagnose or localize a chief complaint of pain, not being sure of the interpretation of a PA or BW radiograph, or worse not being able to handle a difficult patient. These and many more are very typical and normal situations that all dentists face and can be especially arduous for a new dentist. If the principal dentist is not there to give some guidance and encouragement, confidence starts to go down. Once a bad experience is had, the young dentist will typically not want to deal with those specific dental treatments. An avoidance behaviour ensues!

Mentorship is a personal developmental relationship in which a more experienced or more knowledgeable person helps to guide a less experienced or less knowledgeable person. The mentor may be older or younger, but have a certain area of expertise. It is a learning and development partnership between someone with vast experience and someone who wants to learn. (Wikipedia)

As you can see from this definition having a mentor there to help you in what appear to be inordinate situations, will go a long way to help in your development as a dentist.

The young dentist needs to do his/her homework. Often the practice facility is a reflection of the dentist. When you interview for an associateship look at the facility. Is it clean and modern or older and more antiquated? Both can be a positive, depending on your needs and desires. Often the more modern practice may be set in its ways and all they need is a compliant associate to fill their voids. It may not be conducive to a mentorship arrangement; but, it will be a nice practice to work in with all the conveniences of modern equipment, and financially you may do well.

On the other hand the older practice may lack the modern high tech equipment but the principal dentist may be more likely to act as a mentor. This could bode well as an opportunity to later buy in and then you can modernize the practice and transition with the principal, which in turn can become your associate, as he/she slows down.

The mentor dentist can give a great deal of direction and advise on the type of CE that they would recommend. As well they can recommend dental associations to belong to, types of insurance to have and consultants (lawyer, accountant, banker) that they recommend.

It's impossible to learn all that dentistry has to offer in your four years of formal training. Take advantage

of someone with more experience and utilize his/her expertise.

Remember, "Good judgment is based on experience, and experience is based on bad judgment."

Find a mentor who you trust and can help set you in the right direction.

Continuing education

I was lucky enough to have joined the Academy of General Dentistry (AGD) in dental school and have stayed involved in this organization to this day. The mantra of the AGD is "Lifelong Learning". Our dental journey is just this. There are many different types of CE: lectures, hands-on on typodonts or models and cadavers, and live patient CE programs. They are the very best in gaining a learning experience as it forces you to understand more. Unfortunately, they are also the most expensive, but worth the investment. Use these CE courses to get excited, motivated and expand your dental knowledge. Dentistry is evolving each and every day—so don't get left behind.

Associations

Get involved with organized dentistry. Belong to the AGD, ODA, CDA, ODA component society, local dental society, and join the local dental study club. I recall when a dental assistant came to me to hand me her letter of resignation. I told her that she could not quit her job because she was never "in dentistry"—in other words, she had not shown a passion for her work and so she really wasn't into her dental career. Years later, she returned asking for a job. Now she wanted and was ready to be "in dentistry". It's funny how life works.

So if you are going to be a dentist—then be one and get involved with organized dentistry. I have truly been blessed and continue to be so as I have gone through all the ranks of the AGD, my local dental association, and local dental society and now run my local study club. Getting involved will help your dental career.

Insurance

This is often overlooked. As soon as you graduate be sure to set up the following insurances:

1. Life insurance
2. Disability insurance - (some plans offer 70 per cent back of total premiums following 10 years of not claiming any disability). Most companies will offer pre-set premiums for new dental graduates.

Here are some things to consider and discuss with your insurance broker: critical life insurance, office overhead

insurance (if you are purchasing a practice) and term life versus whole life insurance. Also whether you have dependents or not will also determine your insurance needs. Insurance is beyond my expertise so I would suggest you get advice from both the CDSPI and also from private carriers.

Buying a practice

It could be that within your first five years you may be in an enviable position of being able to buy a dental practice.

Four important people to keep in your back pocket are:

1. Lawyer
2. Banker
3. Accountant
4. Practice broker

Set up a good team and get comfortable with them. They will help when purchasing a practice, house, signing contracts and so on. Utilize this team for all that they have to offer. They will be your counsellor for many years so choose them wisely. Ask others dentists for referrals and if they would use them again?

Not many new graduates are in a position to build their own dental offices within their first five years of practice—so that will be the subject of a future article!

Consultants

“A problem identified is a problem half solved.”

At some point you will require a dental management consultant to help put into place systems to run your dental practice as efficiently and productively as possible.

Success for the dental practice requires:

1. Team - proper education and training
2. Laboratory - crucial for aesthetic dentistry
3. Office - physical plant
4. Patient education
5. Creating - “Raving Fans”

Again this subject requires an entire article dedicated to it and I will expand on this in a future article!

As a new graduate set realistic goals for yourself. Where are you currently and where you would like to be within five year? Then re-evaluate your goals annually. Dentistry is a demanding profession—but never neglect what’s truly important—your family and enjoy the ride!

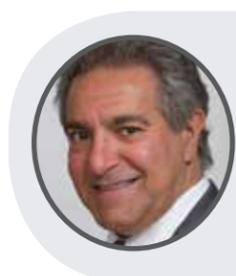


Dr. Tony Mancuso



Drs. Sarah and Tony Mancuso

Bottom Line: Here is professional advice offered by a respected and highly experienced dentist to young dentists in their first five years of practicing dentistry.



Dr. Tony Mancuso

Dr. Mancuso along with his daughter Sarah operate a dental practice in Welland, Ontario. He can be reached at tmancuso@cogeco.ca or at 905.734.9901.

Drs. Ira and Michael Schechter DDS

with Managing Associate Editor



Drs. Ira and Michael Schechter

Schechter Dental is a Toronto-based holistic, preventative and comprehensive approach to dentistry. The available professionals include naturopathic doctors, registered nutritionists and osteopathic practitioners who make up part of an extended, comprehensive health team. They are proud of their multidisciplinary approach because it has been proven to result in consistent, dependable overall health for their patients.

I was lucky enough to find the two founders, Dr. Ira and his son Dr. Michael available at the same time for an interview!

We will begin with Dr. Ira, who has been placing dental implants for over 30 years. He has extensive experience with all implant situations, including implant placement directly into fresh extraction sites, immediate temporization and, as well, the demands of full-mouth restorations.

Dr. Ira: Tell us about your career. How did you get into dentistry, and in particular, this specialty?

I was at McGill and was originally thinking of medicine but was exposed to dentistry by some friends who were applying to Dental School and it intrigued me... I was peaked by the creative possibilities. I had no mentor but I really enjoyed school and took advantage of the opportunity to do as many different types of procedures as I could. After I graduated from McGill I did a surgical residency at one of the Montreal hospitals, which turned out to be a fabulous training program. It exposed me to a multitude of specialties in dentistry that I found very challenging. It also gave me the model for the way I wanted to practice and that was to offer a comprehensive treatment approach to patients. I know this approach appealed to Michael as well when he graduated. Then implants came on the scene in the early 80s, and this turned out to be the WOW factor for me.

Dr Ira: If you had one sentence to describe your son as a dentist, what would it be?

I think Michael is passionate and tremendously committed to his patients' care and I admire that. I hope he has had a bit of a role model for that from me but from the day he started, I could see how he talks to his patients—it's almost like he takes ownership of their problems and he really wants to leave no stones unturned to help them solve their problems. No matter what a patient may believe, he treats everyone with equal respect and offers the same choices to everyone, whether they may follow his guidance or not.

What advice would you offer recent dental graduates regarding making the most of their chosen career?

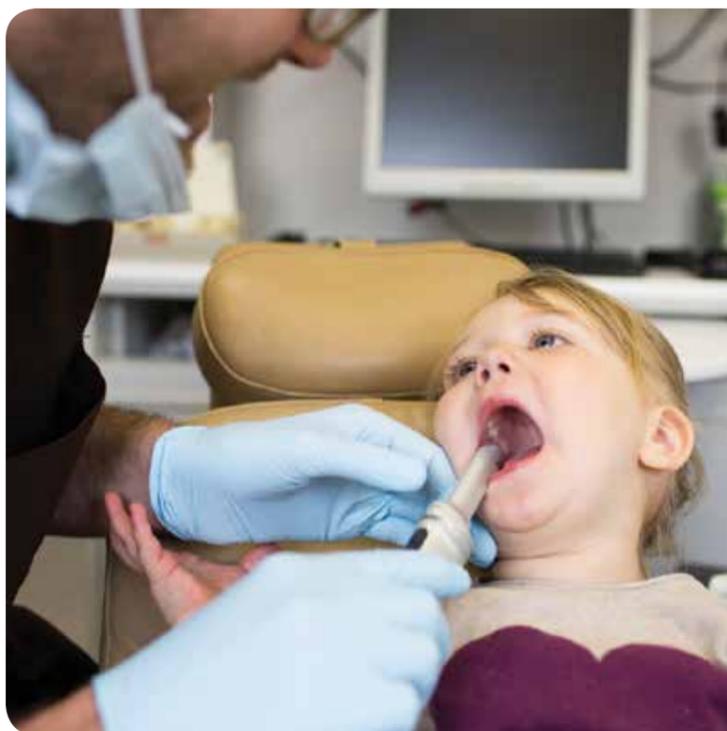
Dr. Ira: I can answer that! They have to develop a passion for what they are doing; it's not just a job. It's difficult work, it's tedious, it's challenging, you're dealing with people who are not always happy coming to see you and you have to be prepared to educate patients about what you are able to do for them.

Dr. Michael: When I was at school, we were asked what you wanted to get out of dentistry. There were only two people who did not say lifestyle or money; I think that success isn't just measured by money.

What has been valuable to me is to develop a unique practice niche, especially in Toronto where there is a lot of competition. The other critical component is continuing education; dental school is a good foundation but you need to find something that intrigues you and continue to study it.

Dr. Michael: I know you have a special interest in treating all patients on their own terms. You offer patients alternative remedies to pharmaceuticals, reduced toxicity, and organic products to promote gentle healing. Did you become a dentist because of—or in spite—of your father?

That's a good question! I would say maybe a little bit of both. My dad never encouraged me or pushed me into dentistry; I really came to him in my first year of university and that's when he embraced the idea. I was learning what dentistry really was and became much more interested. It was the blend of art and science that got me excited; the fact that I can talk to people and help them, while at the same time using my hands creatively is what appeals to me so much. I enjoy the artistic side of dentistry—sculpting and shaping teeth; if all I did was talk to patients all day I would be quite bored.



Dr. Michael using the Canary System

Dr. Michael: How would you describe your relationship with your father?

To be honest, I would say it's the best it's ever been. Working side by side has brought us closer together. I have gotten to know my father in a different way; on the one hand I have a lot more respect for him because I see how hard he works... he is a thorough, responsible, hard working dentist. On the other, we have developed something in common. We each have our own space to practice the way we want to practice as individuals, so I consider myself very lucky to work with my dad.

Dr. Michael: If you had one sentence to describe your father as a dentist, what would it be?

I would say he is ethical, responsible, comprehensive and thorough.

Dr. Michael: You say on your site: As doctors, we want to be healers rather than tooth mechanics. Tell us about The Canary System (www.thecanarysystem.com).

It is really interesting technology, developed in Toronto by a dentist named Stephen Abrams. Basically he took technology from the aerospace industry which could help identify cracks in engines and applied it to dentistry. The idea is that this laser technology is more specific

than X-rays; it detects the presence of cracks and caries (tooth decay) before they are large enough to appear on dental X-rays. Using a complex algorithm, the system scans a tooth and converts the unique PTR/LUM signatures into a Canary number on a scale from 0 to 100. The lower the number, the healthier the enamel. We are using this technology in all sorts of different ways. For example, if someone comes in, and there is an area on an X-ray that looks suspicious, we want to watch it. So I'll do a quick scan with the Canary to get a baseline reading and then we can follow it; it gives us a different way to evaluate teeth, especially those with older amalgam fillings. I had a patient who was pregnant who really did not want to have any X-rays. So instead I said we could do a quick scan, get a baseline and then do another in three months to see if the decay is progressing. We held off until the baby was born and then did the filling and she was fine. The technology is not perfect, but it does give you a gage. It's also great for children under six or for those where X-ray would not be as suitable.

Dr. Michael: How prevalent is the Canary technology in dentistry in Canada?

I don't really know but I know it's growing. There are a few practices that use it in Toronto; however, it is expensive.

Dr. Ira: Tell us about your approach to the use of pharmaceuticals and your thoughts on alternatives.

I do my best to minimize the use of pharmaceuticals; they have an impact on the healthy flora, as well as the unhealthy flora. I prefer not to use antibiotics... the more I learn about the cells in the body, the more important the digestive tract becomes to me. We are fortunate that now there are other options available and with experience, we have been able to offer patients alternatives. For example, with surgery or root canals, antibiotics aren't needed nearly as often because we are so conscious of cleaning an area, irrigating carefully afterwards, combined with a good dental hygiene appointment beforehand. Quite honestly, I can't remember the last time I prescribed an antibiotic for a root canal.

Dr. Ira: I have read that you are passionate about biological dentistry. What is this?

Biological dentistry is approaching dentistry from a scientific perspective, recognizing that what we put in the mouth might impact our overall health. One com-

mon example would be to understand how our overall inflammatory response is going to impact our oral condition. Here we try to get closer to the real cause of why someone would have gum disease, so we will take a sample of plaque, examine it under a microscope with the patient so we can show them the level of inflammation through the number of white blood cells present. I will also often encourage a PH test or acid/alkaline test. With this information, a patient can go back to their systemic practitioner and try to reduce their overall inflammatory response. It's not applicable for everyone, but we have seen tremendous results in the mouth; when somebody in general gets better, their mouth gets better.

Dr. Michael: I know you have an on-site lab. How important has that been to your practice?

It's an incredible asset. Jason is our own dental technologist; we work in partnership with him to ensure what we create is done in unison. It's much easier to work with one person from start to finish; he pours and trims the models, he fabricates the crowns—he does everything. The quality of resulting lab work is exceptional and I think patients see it, they appreciate it, and they don't have to run around from location to location. We have made the lab available to a small select group of dentists.

Dr. Michael: Your web site features numerous video interviews with you and you dad; how important is the media in your practice?

I think the media is great. We have been focusing more on on-line media; it is where the future is. We do a lot of Tweeting and Facebook messaging which seems to result in a good new patient flow; they can go online and actually see who we are which I think results in a comfort level for prospective patients. They can see how we like to practice before they make the decision to come in and see us. So many people are wandering around with problems, not knowing what to do, and our online presence helps direct them to suitable help.

Dr. Ira: What are your comments on the role of the media?

I think it's critical for marketing. I have been around longer, so I have seen the changes. Like any business, there is competition in dentistry; the best way to inform the uninformed is through personal contact, so if you can't bring every prospective patient into the office, we can bring ourselves into every patient's home, via the com-

puter or the television. Our media work has generated a lot of new patient interest; our goal is to educate consumers on what can be offered in modern day dentistry.

Dr. Ira: Your web site features “Shop Shecs”; what is this?

At Shop Shec’s, we have worked to develop mindful and safe holistic oral hygiene products that patients can rely on. They are developed locally in small batches; every one of our solutions is organic and free from pesticides, petrochemicals, genetically modified ingredients, sulphates and parabens. We recommend using our products regularly to prevent disease and promote the health of one’s lifestyle and teeth.

Dr. Ira: What is the Schecter Kitchen?

Our commercial kitchen provides a space for chefs, food artisans, small food businesses and local catering companies who are looking to prepare and cook vegan meals in a certified kitchen. We envision providing kitchen space to entrepreneurs with the hope of supporting the growth of local businesses. Schecter Kitchen hosts many lunch and learns, evening workshops and lectures for Schecter Dental and our team of culinary artisans, nutritionists, naturopaths, hygienists and osteopaths.

How do each of you relax, stay energized?

Dr. Michael: I don’t know how relaxed I really get—I have three little kids—so family time is a big thing. If I could get to a yoga class, that would be amazing! I try and take a long weekend every month to decompress, step away, get outdoors. One of the amazing things about working with my dad is that if I am not here, he is.

Dr. Ira: I think that works both ways. A few years ago Michael convinced me to move from a practice north of the city and open an inner city practice in Toronto. In reality, it was a crazy thing to do after 32 years up north... at the age of 60 one usually thinks of winding down as opposed to ramping it up. But it was the right thing to do. This office move enabled me to leave the role of solo practitioner, bearing everything on my shoulders alone which I just did not want to do any more; the move re-energized me. We work in an ultra modern facility and were included in the design and everything else involving the new space. For me at this stage, I could do this forever, because I can pick and choose when I work; I just need to give Michael my schedule in advance and the patients are taken care of. There is still a lot of gas left in this tank; I want to continue to service my patients but I could not continue to practice today at the pace and intensity I did even five years ago. It’s impossible.

Dr. Ira: Do you have any plans to retire?

Not yet! I have it so good! The move has been very gratifying; we defied all logic in terms of patient retention... we probably lost no more than 20 per cent due to travel distances for older patients. We are busy as ever, due to Michael’s online efforts and my extensive clinical experience. We work as a team; people can see whomever they wish.

Dr. Ira: Final last words?

Embrace technology so you can be fair to patients by offering new treatments and techniques. One of those that we are using is taking the patient’s own blood and extracting the fibrin, which is known to be rich in protein and growth factors which stimulate and augment bone growth. This has been around for a while but it’s been perfected and documented to almost guarantee the success of a bone graft. The healing is better and the post-op problems are fewer. We can get rid of using artificial collagen membranes for which there is a cost to the patient. So I am very proud. We went out we studied we learned we bought the equipment and we incorporated this technology for the benefit of our patients. Who knows what’s around the corner, but we are always on the lookout for the best treatments for our patients.

If there is a message I can pass on to others while I am in my senior years, it is this: Try to grab onto a WOW factor. I went to a CE event on implants in the early 80s and I was absolutely wowed. I was wowed because there was now a way to make patients comfortable with new teeth, unlike removable dentures, which continually need adjustment. I then spent two years of my own continuing education time going around the United States and learning the different systems so I could pick the one I wanted to use. I can say to you today that if I did not have implant dentistry as part of my practice—not the whole practice—I would not be practicing today. I’d be bored... how long can you spend in your lifetime drilling and filling a tooth? So get wowed and learn to diversify to meet the needs of both you and your patients.



Drs. Ira and Michael Schecter

Drs. Ira and Michael Schecter practice together, offering comprehensive dental care. As father and son, they are very fortunate to have the opportunity to work together. Theirs is truly a family practice and they treat their patients as their greater family.

You can reach the Drs. Schecter at schecterdental.com.

Mercedes And ROI Corporation, Brokerage At Mosport

by James Ruddy



Canadian Tire Motorsport Park

On a beautiful sunny day in September ROI Corporation, Brokerage sponsored a Mercedes Benz Driving Academy day. Twelve prominent dentists and dental industry leaders were invited by ROI’s CEO, Timothy A. Brown, to Mosport racetrack (now Canadian Tire Motor Sport Park) to improve their driving skills and test drive a variety of Mercedes Benz cars.

Under the watchful eyes of Danny Kok and Melanie Paterson and their driving instructor team, the invitees were instructed both on and off the track on how to properly drive the course. Each guest driver took turns in the Mercedes cars available that ranged in price from \$55,000 to a \$180,000 dollars. They learned how to eliminate any blind spots in their cars’ mirrors and where the “turn in”, “apex” and “exit” points of a curve were in order to maximize their speeds. They were taught

the importance of proper braking and acceleration at the right moment to maximize lap-time speed. In short they learned how to be an amateur racecar driver for a day.

Prior to lunch, the group participated in a drag racing contest against their fellow guest participants. The object was to go from a standing start to a braked finish in a designated area after achieving high speeds of acceleration. This event certainly got the adrenaline pumping and heart pounding.

A buffet barbecue lunch on the terrace overlooking the track site broke up the day and allowed participants to express their new found exhilaration for driving. Dental Corporation’s Andrew Meikle, when asked about the morning just gleamed and simply said “Amazing!” The same or similar responses like “Fantastic, Unbelievable, Wow, What a rush!” were heard from all who participated. Their smiling, flushed faces said it all.

In the afternoon the drivers were divided into two groups and instructors were assigned from time to time to the cars of each of the guest drivers.

Canadian Tire Motorsport Park

(formerly Mosport Park and Mosport International Raceway) is a multi-track motorsport venue located north of Bowmanville, Ontario, Canada. The facility features a 2.459-mile (3.957 km), (length reduced through wider track re-surfacing done in 2003) 10-turn road course; a 2.9 km advance driver and race driver training facility with a quarter-mile skid pad (Driver Development Centre) and a 1.5 km kart track (Mosport Kartways). The name “Mosport” is a contraction of Motor Sport and came from the enterprise formed to build the track. It is pronounced as the two words actually sound, “Mo-Sport” (but is often incorrectly pronounced “Moss-Port”).

Source: Wikipedia, Canadian Tire Motorsport Park

Much of the time was used to teach proper lapping procedures, spacing and track recognition. The afternoon required concentration and discipline in handling these cars at higher and higher speeds, while maintaining safe and consistent distances between cars.

The finale at the end of the day was a top speed one-lap ride with one of the driving instructors. The one-lap record was a little over one minute. Our driver did it in one and half minutes. It is hard to believe that anyone could have driven that lap any faster than our driver. He and the way that car performed were amazing.

In the final ‘talk’ session, the instructors summed up the day and ended with a caution to all present not to take their track experience home with them. They warned over and over to maintain proper speeds and safe driving habits. The lesson was not lost and participants could be seen nodding in agreement with the instructors. Prizes were then awarded by the Mercedes crew, business cards exchanged and some friendships renewed or made, to go with the ‘driver’ camaraderie felt by all who attended.

Thanks to ROI Corporation, Brokerage for an outstanding, unforgettable day.



On the track



ROI's CEO Timothy A. Brown and guest drivers

Photos by Graham Ruddy



James Ruddy

James Ruddy is the Editor of Profitable Practice Magazine and can be reached at editor@profitablepracticemagazine.com

A Short History Of The Dental Car In Ontario Part 1

by James Ruddy

Smiths Falls, Ontario is the home of The Railway Museum of Eastern Ontario. The museum site spreads over 10 acres of land and features different rolling stock, one-of-a-kind train buildings and some archived history of the railroad in Ontario. It is also the home of the last dental car in North America.

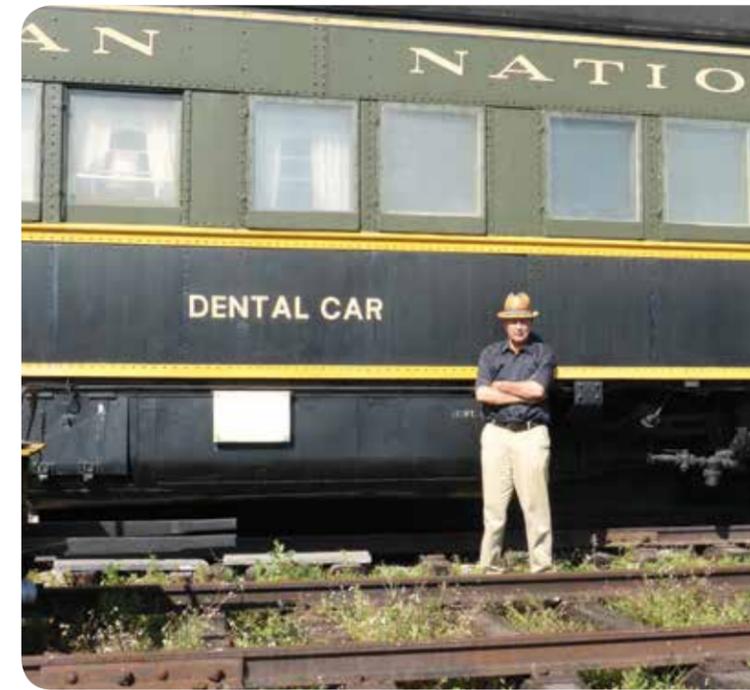
The dental car was purchased by John Weir, a longtime railway enthusiast, who donated the car to the museum for viewing by interested parties. Mr. Weir takes an active interest in the dental car's maintenance; he volunteers at the museum where his knowledge of the dental car and how it functioned is invaluable. He is often found at the museum sharing stories and information with curious visitors.

In the 1930s the Ontario government started and funded a program to provide dental care—free of charge—to children who lived in rural and remote areas of Ontario. These areas were only accessible by the railroads as there were no roads.

In 1951, after years of dentists providing care in makeshift rail cars, The “Camrose” (a heavy-weight sleeping coach built in 1913) was converted to a dental car with much improved provisions and dental equipment. A number of dentists along with their wives lived and practiced in the dental car over the years.

In 1977, the dental car was retired and subsequently bought by John Weir. There had been two other dental cars used that were scrapped in the 1960s. Thanks to John Weir, a valuable part of Ontario's history has been preserved.

Part 2 of this series will provide the story of a dentist and his wife who provided dental care in the 1950s. Part 3 will review a book entitled, *Whistle Stop Dentist: Life On The Dental Car*.



John Weir and the Dental Car in Smiths Falls, Ontario.

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