



JAMAICA DENTAL ASSOCIATION

CONSTITUTION, BY-LAWS AND CODE OF ETHICS

ESTABLISHED
REVISED 2011
REVISED 2021

TABLE OF CONTENTS

Vision Statement	3
Mission Statement	3
Values	3
Constitution	4
Interpretation	4
Name	5
Objects	5
Membership	5
Officers	8
Duration of Committee	12
Executive Committee	12
Vacation of Office	12
Powers of the Executive Committee	13
By-laws	14
Property	14
Calling of Executive Committee Meetings	14
Special Meetings of the Executive Committee	14
Sub-Committees	14
Election of Members	15
Resignation of Members	15
Disciplinary Board	15
Appeals	16
Convention Committee	16
Trustees Fund	17
Trustees	17
Oral Health Promotion Committee	18
General Meetings	18
Annual General Meetings	19
Extraordinary General Meetings	20
Meetings	20
Alteration of Rule	20
Finance	21
Disbursement of Funds	22
Dissolution	22
Separability Clause	22
Rules of Order	22
Code of Ethics	23
Introduction	23
Primary Ethical Principles	23
I. Autonomy	24
I.A. Informed Consent	24
I.B. Patient Records	24
II. Beneficence	25
II.A. Community Service	25
II.B. Government of a Profession	25
II.C. Research and Development	25
II.D. Exclusive Rights - Copyrights and Patents	25
II.E. Abuse and Neglect	26
II.F. Professionalism	26

III. Non-maleficence	27
III.A. Education and Training	27
III.B. Consultation and Referral	27
III.C. Professionals Complementary to Dentistry / Dental Care Professionals.....	28
III.D. Personal Impairment	28
III.E. Infectious Materials Exposure	28
III.F. Patient Abandonment	29
III.G. Inter-Personal Relationships	29
III.H. Patient Selection	29
III.I. Split Fees and Rebates in Advertising and Marketing Services	30
III.J. Service to the Public	30
III.K. Establishment in Practice	31
III.L. Owners of Dental Practices	31
IV. Justice	32
IV.A. Patient Selection	32
IV.B. Patients with Disabilities or Bloodborne Pathogens	32
IV.C. Emergency Service	32
IV.D. Justifiable and Constructive Criticism	32
IV.E. Expert Testimony & Contingent Fees	33
Secondary Ethical Principles	34
V. Veracity	34
V.A. Representation of Care	34
V.B. Representation of Fees	34
V.C. Conflict of Interest.....	34
V.D. Devices and Therapeutic Methods	35
V.E. Marketing or Sale of Products or Procedures	35
V.F. Professional Announcement	35
V.G. Advertising	35
V.H. Unearned, Nonhealth Degrees	37
V.I. Soliciting Patients	37
V.J. Websites	37
V.K. Name of Practice	37
V.L. Specialization and Limitation of Practice	38
V.M. Dual Degreed Dentists	38
V.N. General Practitioner Announcement of Services	39
V.O. Credentials in General Dentistry	39
V.P. Secret Agents and Exclusive Methods	39
V.Q. Cards, Letter heads, Announcements	40
V.R. Use of Professional Titles and Degrees.....	40
VI. Fidelity	41
VII. Gratitude	41
VIII. Reparation	41
IX. Avoidance of Killing	41

Vision Statement

Optimal oral and dental health for All

Mission Statement

To be the leader in promoting equity in oral health, disseminating knowledge pertaining to the advancement of health, elevate and sustain the professional character of its members and cultivate the art and science of dentistry.

To be the national, authoritative and independent voice of a unified dental profession, while advancing and providing leadership of the profession.

To advance and promote the ethics, empathy, professionalism and the practice of dentistry, and represent the interests of its members and the people they serve.

To advocate for the needs and mentoring of dental students, and raise the profile of the profession in the society.

Values

Professionalism

Education

Empathy

Integrity

Competence

Ethics

Service

CONSTITUTION BY-LAWS AND CODE OF ETHICS OF THE JAMAICA DENTAL ASSOCIATION

CONSTITUTION INTERPRETATION

“the Association” means the Jamaica Dental Association;

“the Executive Committee” means the Management Committee of the Association;

“the Council” means the Dental Council of Jamaica as established by the Dental Act;

“Dental Auxiliary” means a person enrolled as a dental auxiliary in accordance with the Dental Act;

“Board” means the Disciplinary Board of the Association;

“functions” include duties and powers;

“practice of dentistry” includes the following as set out in the Dental Act:

- the performance of any operation, and the treatment of any diseases, deficiencies, or lesions, on or of the human teeth or jaws, and the correction of malpositions thereof and the performance of radiographic work in connection with the human teeth or jaws; the giving of any anaesthetic in connection with any operation on the human teeth or jaws;
- the performance of any operation on, or the giving of any treatment, advice, or attendance to any person, as preparatory to, or for the purpose of, or for or in connection with the fitting, insertion, fixing, constructing, repairing, or removing of artificial dentures or restorative dental appliances; or
- the performance of any such operation and the giving of any such treatment, advice, or attendance as is usually performed or given by dentists, and the expression “to practice,” in relation to dentistry has a corresponding meaning;

“Professionals Complementary to Dentistry” “Dental Care Professionals” means a person who is a dental hygienist, dental nurse, dental laboratory technician, dental assistant, or dental therapist

NAME

1. The organization shall be known as the Jamaica Dental Association. *It shall be a charitable organization*

OBJECTS

2. The objects of this Association shall be:
 - (a) to promote the art and science in dentistry and to maintain the honour and interest of the dental profession;
 - (b) to secure the enactment and enforcement of just dental laws;
 - (c) the cultivation of a generous professional spirit among practitioners throughout the island;
 - (d) to enlighten and direct public opinion in matters pertaining to dentistry;
 - (e) the consideration of subjects appertaining to Dental and allied sciences;
 - (f) to promote, encourage and advance dental health and oral hygiene among the population of Jamaica by facilitating, undertaking and implementing public education and awareness on all matters related thereto so as to minimize the level of dental illness, defect and injury in Jamaica;
 - (g) to undertake, facilitate and promote research into special problems of dental and oral illness, defect or injury and the treatment and cure thereof, and into methods of alleviating the suffering, distress and handicaps arising therefrom.
 - (h) to foster the sustainability of the Association through the recruitment of new members

MEMBERSHIP

3. Categories of Membership
The Association shall consist of an unlimited number of Ordinary, Active, Honorary, Student, Affiliate, Intern, Life and Retired Members.
 - (a) Ordinary Member
 - shall be any person who:
 - i. is registered to practice dentistry in Jamaica,
 - ii. has a valid practicing certificate
 - iii. has paid the relevant fees of the Association.
 - (b) Active Member
 - shall be any Ordinary Member who:
 - i. actively participates in the activities of the Association.
 - ii. regularly attends the meetings of the Association, as evidenced by attending at least two (2) general meetings per year.
 - iii. has the right to be considered for/hold any office in the Association.
 - iv. shall have the right to vote at all regular and special meetings of the association.

- (c) Honorary Member
- shall be any person who has rendered outstanding service to the Association, to the profession or any other profession, to the oral health community, or to the oral health of populations.
 - shall be entitled to all the privileges and benefits of membership
 - shall be entitled to admission to any business meeting of the association.
 - shall support the honor and dignity of the profession.
 - shall not be qualified to vote as a member
 - shall not have the right to hold office.
 - shall not pay any fees
 - shall not be qualified to be an officer or member of the Executive Committee
 - shall not be qualified to claim any share of the Association upon its dissolution
 - the Executive Committee may award Honorary Membership to persons whom in their opinion are eligible.
 - such proposal shall be made in writing, signed by two members who are active and in Good Standing.
 - a majority vote of eighty percent (80%) is required for approval.
 - voting shall be by ballot, unless so decided otherwise by the Executive Committee.
 - The criteria and the rights and privileges of recipients of the award shall be determined by the Association.
 - The decision of the Executive Committee shall be placed on the Agenda of the Annual General Meeting for consideration. The decision of the Annual General Meeting shall be final. The Executive Committee may re-table the proposal at the next Annual General Meeting if not ratified.
- (d) Student Member
- shall be any person who is enrolled in a recognized dental school. Such membership shall terminate upon graduation.
- (e) Intern Member
- shall be any person who has graduated from a recognized dental school, but has not yet satisfied the requirements for licensure.
- (f) Affiliate Member
- shall be any person who:
 - i. is not resident in Jamaica
 - ii. has paid the relevant fees of the Association.
 - iii. may not hold office
 - iv. is not eligible to vote
 - v. is not eligible to serve as a member of any committee.

- (g) Life Member
- shall be:
 - a member of the Association until they die
 - *an active or retired member dentist in good standing for at least 30 consecutive years or a total of 40 years, if there was a break in membership*
 - *an active or retired member who has reached 65 years of age or older the previous calendar year.*
 - *Life Membership is the highest Award available to recognize the exceptional contribution of individuals to the Association.*
 - *Life Membership is only to be awarded in exceptional circumstances.*
 - *Any active member may nominate another member for consideration for Life Membership.*
 - *Nominations must be submitted in writing & must be supported by two active members of the Association.*
 - *The nomination is to set out the achievements & activities of the nominee*
 - *Nominations must be received by the Executive Committee no later than the 2nd Meeting of the Executive Committee in the year which the nomination is to be considered.*
 - *In considering the award of Life Membership an individual should have demonstrated significant, sustained and high quality service enhancing the reputation and future of the Association.*
 - *The following serve as guidelines when nominees are considered:*
 - *The nominee's length of service to the Association shall be at least 10 years.*
 - *The general attitude and overall demeanour of the nominee to ensure that the attitude is one that reflects dedication to the values of the Association.*
 - *The nominee will have provided valued leadership and/or been an outstanding role model to the members in general.*
 - *The nominee's service must have reflected favourably on and brought credit to the Association.*
 - *The nominee must be a currently active member.*
 - *Retraction of a Life Membership Award may occur where the recipient has conducted him/herself in a manner that reflects directly and adversely on the image or activities of the Association. This provision will only be exercised in exceptional circumstances and will require the unanimous agreement of the Executive Committee to be enacted. As part of the deliberations, the Life Member in question is to be given an opportunity to present their case for retention of their Life Membership status.*
- (h) Retired Member
- shall be:
 - a member who retires from the practice of dentistry
 - a member who is not earning an income from performing any dental-related activity

4. Good Standing

A member shall be said to be in Good Standing once he or she:

- i. has paid the necessary fees
- ii. has conformed to the Constitution and By-laws of the Association and to any other requirement as stipulated by the Executive Committee.
- iii. has no suspensions or other restrictions on practicing in place.

A **letter of Good Standing** to this effect would be issued upon written request by a member to the Association. Included in this letter will be a statement as to the character and general professional ability of the member.

A member shall be said to be **active and in good standing** when they have satisfied the terms of being an active member and a member of good standing. **Only members who are active and in good standing may vote in officer elections.** Members who are neither active nor in good standing would have to obtain approval from the Executive Committee before being able to vote in officer elections.

5. Membership Benefits

- i. Members have the right to participate in activities of the Association as stipulated by the Constitution and By-laws and by the Executive Committee.
- ii. All members will receive copies of the Minutes of the Association and other publications of the Association.
- iii. All active members will be entitled to receive an Association identification card.

OFFICERS

6. Officers of the Association

There shall be the following Officers of the Association:

(i) Elected Officers:

- a. President
- b. President-Elect
- c. Immediate Past President
- d. Vice-President
- e. Secretary
- f. Treasurer

These officers may hold not more than two offices.

They shall be elected at a General Meeting.

The Association shall maintain a list of all Past Presidents. The rights and privileges of the Past Presidents shall be determined by the Association.

(ii) Appointed Officers:

- a. Company Secretary
Shall be appointed at a General Meeting.

(iii) Duties

The duties of the aforesaid Officers shall be:

1. President
 - a. Serve as the primary official representative of the Association in its contacts with governmental, civic, business and professional organizations for the purpose of advancing the objectives and policies of the Association.
 - b. Oversee and ensure the proper running of all aspects of the Association including the Association's finances.
 - c. Serve as ex-officio member on all committees.
 - d. Plan all general and executive meetings of the Association.
 - e. Chair all meetings of the Association.
 - f. Submit an annual report to the Association to be presented at the Annual General Meeting.
 - g. Perform such other duties as may be required by the Association; and in so doing, may delegate such duties and responsibilities as he/she deems appropriate.

2. President-Elect
 - a. Collaborates with the President to learn the role of the President.
 - b. Assists the President as requested in the performance of the duties of the President.
 - c. Represents the Association at the request of the President.
 - d. Succeeds to the office of the President following on his/her term as President-Elect, or in the event that the President is unable to complete his/her term.

3. Immediate Past President
 - a. Provides advice and leadership to the Executive Committee regarding past practices and other matters to assist the Executive Committee in governing the Association.
 - b. Supports the President and the President-Elect on an as-needed basis.
 - c. Shares ideas, guidance, and expertise with the Executive Committee.
 - d. Assists the Executive Committee as requested.

4. Vice-President
 - a. Assists the President as requested in the performance of the duties of the President.
 - b. Represents the Association at the request of the President.
 - c. Responsible for all matters relating to the membership of the Association.

5. Secretary
 - a. Coordinates communication among the Executive Committee members and between the Executive Committee and the general membership.
 - b. Assists the President as requested in the performance of the duties of the President.
 - c. Represents the Association at the request of the President.
 - d. Provides the Association with an annual report to be presented at the Annual General Meeting.
 - e. Responsible for the recording and safeguarding of the Minutes of the Executive Committee and its sub-committees.
 - f. Responsible for the maintenance of the Association's records:
 - i. Statutory books and records
 - ii. Members register.
 - iii. Financial charges register
 - iv. Directors register
 - v. Secretary register
 - g. Responsible for the overall organization and administration of meetings of the Association.

Specifically by:

 - i. ensuring compliance with established norms and procedures
 - ii. coordinating the preparation and sending out of notices, agendas, papers, and other documents in a timely manner.
 - iii. supervising the formulation, sending out and taking of accurate Minutes.
 - iv. maintaining the Minute Books containing certified copies of the Minutes.
6. Treasurer
 - a. Serves as custodian of all monies, securities and deeds belonging to the Association which may come into the Treasurer's possession.
 - b. Holds, invests and disburses all monies, securities and deeds, subject to the direction of Executive Committee and the Trustees.
 - c. Designs a budgetary framework in concert with the Executive Committee.
 - d. Oversees the Association's finances.
 - e. Provides the Association with an annual report to be presented at the Annual General Meeting.
 - f. Shall be ex-officio of the Convention and the Oral Health Promotion Committees.

7. Company Secretary
 - a. Responsible for advising the Association with legal, conflict of interest, accounting, corporate planning and strategic development advice on how to operate their business.
 - b. Responsible for managing the security of the following Association documents:
 - i. Articles of Incorporation
 - ii. Seal
 - iii. Certificate of Incorporation
 - iv. Certificate of Change of Name
 - v. Other documents of Title
 - vi. Service Contracts
 - c. Responsible for administering the affairs of the Association, dealing with the receipt and care of official documents, making these documents required by law available for inspection by third parties, and by keeping current with the relevant legal and regulatory changes that may affect the Association.
 - d. Assists with the implementation of decisions by ensuring that the decisions of the Association's General Meetings are communicated to the membership and all other relevant parties.
 - e. Ensures that the Annual General Meeting is held in accordance with the Association's Articles, and in accordance with the Companies Act.
 - f. Responsible for legal advice through advice given to the Executive Committee on their legal responsibilities and updating them on developments in the law concerning the running of the Association.
 - g. Responsible for controlling the access to the Association's records by ensuring that only eligible persons can review these records, and ensuring that the Association is compliant.
 - h. Responsible for the collation of accounts and compliance with legislation by ensuring that the Association's accounting records are:
 - i. Maintained in accordance with company legislation.
 - ii. Prepared in time.
 - iii. In the form required by company law and accounting standards.
 - iv. Copied and distributed to the appropriate persons within the correct time constraints.
 - i. Responsible for maintaining statutory registers and filing the required statutory returns and other required forms with the Companies Office within the parameters given. Particular importance is to be attached to filing the Association's accounts and returns, together with notices of changes to registers, especially charges.
 - j. Responsible for compliance with internal regulations and legislation by checking that the Association complies with its Memorandum and Articles of Association and that these are in compliance with the Companies Act and other legislation.
 - k. Custodian of important documents of the Association.
 - l. Coordinates the holding of internal elections.

The Company Secretary has no vote unless he/she is a member of the Association.

7. Company Secretary (cont'd)
Although the Company Secretary may have no say in the company's decisions, he/she is an officer for the purposes of company law, however he/she cannot be held legally liable in the same way as a Director for breach of company law duties.

DURATION OF OFFICE

7. No Executive Officer shall hold the same office for a period exceeding three consecutive years.

EXECUTIVE COMMITTEE

8. There shall be a committee of management which shall be known as the Executive Committee.
 - a. Members
 - i. The Executive Committee shall consist of the Officers and five other active members, two of whom shall be appointed by the President and the other three shall be elected at the Annual General Meeting.
 - b. Quorum
 - i. Five members of the Executive Committee shall be a quorum.

VACATION OF OFFICE

9. Attendance at meetings is required for all members of the Executive Committee. If a member of the committee is absent, the following protocols will apply:
 - a. Executive Committee Member
 - i. Any member of the Executive Committee who shall be absent from three consecutive regular meetings (Executive Committee or General) without reasonable formal excuse, shall be deemed to have vacated his/her office.
 - b. President
 - i. If the President is unable to finish his or her term in office, the Vice-President shall assume the office of President and the post of Vice-President shall be restored at the next General Meeting.
 - c. Restoration of Full Membership
 - i. If one or more members of the Executive Committee are elected to two offices, or should any place become vacant for any reason on said Executive Committee, the full numerical strength of the Executive Committee shall be restored by the election of additional members by ballot at a General Meeting.

POWERS OF THE EXECUTIVE COMMITTEE

10. The Executive Committee, in addition to the powers hereinafter specifically conferred upon them shall have:
 - a. control of the finances of the Association
 - b. power to engage, control and dismiss servants of the Association.
 - i. Servants of the Association shall be, but not limited to a/an:
 1. Administrator
The administrator shall have the following duties:
 1. Record and safeguard the Minutes of the Association.
 2. Receive and process correspondence to the Association
 3. Process applications for membership
 4. Draft, finalize and circulate correspondence from the Association
 5. Assist with the overall organization and administration of meetings/the Association.
 2. Accountant
The accountant shall have the following duties:
 1. Examine the financial statements of The Association
 2. Report on the findings of the examination.
 - i. The report shall be submitted to the President who shall cause that report to be published and submitted to the members of the Association at the Annual General Meeting.
 - c. administrative and disciplinary powers as may be necessary for properly carrying out the objects of the Association in accordance with the rules.

BY-LAWS

PROPERTY

11. The property of the Association shall be vested in the Executive Committee who shall be responsible for the safe keeping thereof.

CALLING OF EXECUTIVE COMMITTEE MEETINGS

12. Calling of Meetings:
- a. Meetings of the Executive Committee shall be convened by the Secretary as often as business warrants, but at least once a quarter.
 - b. The Secretary shall give seven clear days' notice to each member of the Committee in order to summon an Executive Committee meeting.
 - c. The President may direct the Secretary to call a meeting of the Executive Committee at any time he/she deems it necessary, and for which three days' notice shall be given.

SPECIAL MEETINGS OF THE EXECUTIVE COMMITTEE

13. Special meetings of the Executive Committee shall be called without undue delay by the Secretary on the written request of any two members of the Executive Committee. Such communication should state the purpose for which the meeting is required. Seven clear days' notice of such meetings, together with a statement of the purpose for which it is called shall be sent to each member of the Executive Committee. Whereas both members should be present at the meeting, the meeting can proceed with at least one of the members who signed the request present. A written explanation for the absence from the other must be received and accepted by the meeting to allow the meeting to proceed.

SUB-COMMITTEES

14. The Executive Committee may from time to time appoint from among the members of the Association such sub-Committees as it may deem necessary or expedient and may depute or refer to them such of the powers and duties of the Executive Committee as the Executive Committee may determine. Such Sub-Committees shall report to the Executive Committee and shall conduct their business in accordance with the directions of the Executive Committee.

The duties, number of members, life and mode of presentation of the sub-committee so appointed shall be determined by the President and the Executive Committee.

Limitation of Authority: No committee shall have any right or authority to make any commitments financial or other, or incur any obligation, which shall bind The Association, except by approval of the Executive Committee.

ELECTION OF MEMBERS

15. Applications for membership shall be made to the Secretary in writing and must be accompanied by the prescribed application fee. Such application shall be presented to the next meeting of the Executive Committee for approval.

A majority vote of eighty percent (80%) is required for approval.

Voting shall be by ballot, unless so decided otherwise by the Executive Committee.

If denied, the applicant shall have the right to re-apply after 6 months.

RESIGNATION OF MEMBERS

16. Any member may give notice of his/her intention to resign. Such notice shall be in writing and shall be considered at the next meeting of the Executive Committee. If such resignation is accepted the member shall continue to be liable for all monies due the Association to that date. The Treasurer will make every effort to have any outstanding balances cleared by the effective date of the resignation or as soon as possible thereafter.

DISCIPLINARY BOARD

17. At the Annual General Meeting a Chairman and three other members shall be elected to form a Disciplinary Board.

The Executive Committee shall fill any vacancies on this Board.

It shall be the duty of this Board to judge any breach of the Code of Ethics of the Association.

Cases of breaches, misconduct or the behaviour of any member likely to bring the Association into discredit or dishonour which shall be brought to the attention of the Association, shall be dealt with by the Disciplinary Board which shall have the power to censure, suspend or exclude such member from the Association.

The report is to be in writing.

The Executive Committee will table the report and forward the report to the Disciplinary Board.

The Board shall report its finding in writing to the Executive Committee, who will decide to accept/reject the report. The Executive Committee, if the report of the findings is rejected, shall return the report to the Disciplinary Board with comments for their comments and further decision. Once the report is accepted, the Executive Committee will inform the accused member who was reported of the decision.

The report can come from referral from the Dental Council of Jamaica or direct written communication from a member dentist or a member of the public.

The report will be tabled by the Executive Committee, who will then forward the report directly to the Disciplinary Board.

It shall be the duty of the Disciplinary Board to reach a decision, with due regard to any evidence produced, using all the means at its command to acquaint itself with the true facts.

It shall be their duty to pronounce judgment in accordance with the severity of the offence.

The accused and the Board may be represented by Counsel, provided that notification of this is provided in writing to either party giving at least seven days' notice.

APPEALS

18. Any member dissatisfied with a decision reached shall have the right of appeal to the Executive Committee.

Every appeal must be made in writing to the Secretary not later than 14 days after the receipt by such member of any decision.

The appeal must contain the grounds on which it is made.

The Executive Committee shall appoint an Appeals Sub-Committee to hear the appeal.

The Appeals Sub-Committee shall have the power to uphold, vary or reverse the verdict.

No member of the Disciplinary Board shall have a vote on an appeal.

The decision of the Appeals Sub-Committee shall be final.

The Appeals Sub-Committee shall consist of three members. The composition of the sub-committee shall be decided by the Executive Committee, and shall consist of:

- i. A member of the Executive Committee
- ii. An Active Member
- iii. A third person to be chosen from an Honorary Member, a Trustee, or a Lay Person

CONVENTION COMMITTEE

19. At the Annual General Meeting a Chairman shall be elected for the Convention Committee. The Chairman shall be a member who has previously served on a Convention Committee.

The Convention Committee shall consist of the Chairman and eight other members.

At a general meeting there shall be elected the other members of the Convention Committee.

The Chairman shall have the privilege of appointing four members of the Committee and the meeting shall then elect four other members to form the Committee.

Their duty shall be to design, prepare and bring to a conclusion any Dental Convention decided upon by the Executive Committee of the Association at such time and at such place as the Executive Committee may see fit to decide upon.

The duties of this Committee shall be:-

- a. To keep a record of their deliberations and decisions.
- b. To keep an accounting of any monies entrusted to them.
- c. To prepare and present to the Executive Committee an audited statement of account upon the completion of their work.
- d. Upon the acceptance of the statement of account, any monies in excess of income over expenditure shall be delivered over to the Executive Committee to be placed in the Association's accounts.
- e. To prepare a full and complete report on their work which they shall present to the Executive Committee.
- f. To decide on the date of the Convention at least 18 months before the next Convention.
- g. To present the date of the Convention by the second Executive Committee Meeting of the Committee's term of office.

TRUSTEES FUND

20. There shall be a Trustees Fund which will be under the control of the Trustees. The operation of the fund shall be determined by decision of the Trustees and supported by the Executive Committee.

TRUSTEES

21. Three (3) Trustees shall be appointed at the Annual General Meeting.

Trustees shall be members of the Association.

They shall hold office at the pleasure of the Members or until their sooner resignation.

The functions and duties of the trustees shall be to:

- i. receive monies and if they see fit, and with the approval of the Executive Committee invest it and any further monies entrusted to them in certified financial instruments. Any other investment option must be approved by the members at a General Meeting. A majority vote of eighty percent (80%) is required for approval.
- ii. meet at least once a year to review the investments.
- iii. produce a report to the Executive Committee any time they be called upon to do so, and at least annually.

Authorization for expenditures should come from a general meeting properly convened, the notice for such meetings having included the motion for the withdrawal of such funds.

In the event of death or resignation of a Trustee then the Executive Committee shall elect replacements who shall hold office until the next General Meeting.

The names of any persons prepared to accept nomination as a Trustee shall be sent to the Secretary duly nominated and seconded by two Active Members at least 30 days before the Annual General Meeting at which it is intended to hold such election.

ORAL HEALTH PROMOTION COMMITTEE

22. At the Annual General Meeting a Chairman shall be elected of the Oral Health Promotion Committee.

The Chairman shall be a member who has previously served on the Oral Health Promotion Committee.

The Oral Health Promotion Committee shall consist of the Chairman and four (4) other members.

At a General Meeting there shall be elected the other members of the Oral Health Promotion Committee.

The Chairman shall have the privilege of appointing two members of the Committee and the meeting shall then elect two other members to form a Committee.

The duties of the Oral Health Promotion Committee shall be: -

1. To design, prepare and bring to a conclusion the programme for an annual calendar of events as decided upon by the Executive Committee of the Association at such time and at such place as the Executive Committee may see fit to decide upon.
2. To further develop the Association's aim and objectives as stated in Objects (d), (e), and (f) in a specifically defined period.
3. To keep a record of their deliberations and decisions.
4. To keep an accounting of any monies entrusted to them.
5. To prepare and present to the Executive Committee a statement of account upon the completion of their work.
 - a. Upon the acceptance of the statement of account, any monies in excess of income over expenditure shall be delivered over to the Treasurer to be placed in the Association's accounts.
6. To prepare a full and complete report on their work which they shall present to the Executive Committee.

GENERAL MEETINGS

23. There shall be four General Meetings held quarterly, one of which shall be the Annual General Meeting, at such time and place as the Executive Committee may direct.

Notice of each General Meeting shall be published in an Association printed document or in electronic format and circulated by the Company Secretary.

The non-receipt by a member of a notice convening any meeting shall not invalidate the proceedings of such meeting.

Fourteen clear days' notice shall be given by the Company Secretary in printed or electronic format to summon each General Meeting.

The quorum for each General Meeting shall not be less than fifteen Active Members.

In the absence of a quorum the General Meeting would be adjourned until the same time and hour of the following week at which time the meeting will take place with the members present.

The second meeting which will be called the Adjourned General Meeting will be held with the members who are present, whether the quorum is met or not, and the decisions taken at this meeting will be binding.

ANNUAL GENERAL MEETING

24. The Annual General Meeting, which is one of the four General Meetings of the Association, shall be held in January, unless otherwise directed by the Executive Committee, for the following purposes: –
- a. To receive from the Executive Committee a report of the year under review
 - b. To receive from the Executive Committee an audited statement of accounts
 - c. To decide upon any resolution which may be duly submitted to the meeting
 - d. To have the President-elect take office
 - e. To elect the following officers and other members of the Executive Committee:
 - i. Officers
 1. President-Elect
 2. Vice-President
 3. Secretary
 4. Treasurer
 - ii. Members
 1. Two (2) members selected by the President
 2. Three (3) members elected by ballot, or as otherwise determined by the Meeting.
 - f. To elect a Chairman and three (3) members to form a Disciplinary Board.
 - g. To appoint Trustees.
 - h. To appoint a Company Secretary.
 - i. The Company Secretary will hold office for a period of three years.
 - i. To elect a Chairman of the Oral Health Promotion Committee and two (2) members of the Oral Health Promotion Committee.
 - j. To elect a Chairman of the Dental Convention Committee and four (4) members of the Dental Convention Committee.
 - k. To recognize, award and thank individuals, elected or appointed, who have rendered outstanding services to the Association and officers who have completed their term(s) of office. The rights and privileges of recipients shall be determined by the Association.
 - l. To adopt revisions to the Constitution and By-laws. A seventy-five (75%) majority vote of members in attendance is required for approval.

The order of the elections and appointments shall be under the direction of the officer elected under (d), who, subsequent to their assuming the office of President, will assume the position of Director of the Elections and ask for the dissolution of the present executive as a precursor to the elections and appointments that will follow. The President upon assumption can appoint a Director of Elections other than the office of the President.

The non-receipt by a member of a notice convening any meeting shall not invalidate the proceedings of such meeting.

EXTRAORDINARY GENERAL MEETING

25. An Extraordinary General meeting shall be called by the Company Secretary at the direction of the President or on the written direction of any seven Active Members.

Such communication to state the purpose for which the meeting is required.

At least five of the Active Members who signed the application must be present to allow the meeting to start.

A written explanation for absence from the other two Active Members must be accepted by the meeting to allow the meeting to proceed.

Seven days' notice, in writing shall be given by the Company Secretary, stating the object for which it is called, to each member to summon an Extraordinary General Meeting.

No other business than that stated in the notice shall be transacted at this meeting.

The quorum for each such meeting shall not be less than fifteen Active Members.

In the absence of a quorum the Extraordinary General Meeting would be adjourned until the same time and hour of the following week at which time the meeting will take place with the members present.

The second meeting which will be called the Adjourned Extraordinary General Meeting will be held with the members who are present, whether the quorum is met or not, and the decisions taken at this meeting will be binding.

The non-receipt by a member of a notice convening any meeting shall not invalidate the proceedings of such meeting.

MEETINGS

26. Notwithstanding anything contained in these by-laws, the Executive Committee may determine that meetings be held, subject to and in accordance with the By-laws, in-person, virtual or hybrid using telephonic, electronic or other communications channels that permit all attendees to communicate adequately with each other during the meeting. The Executive Committee shall establish the procedures for the conduct of the meeting including, without limitation, the procedures for attendance, voting, discussion, and decision.

ALTERATION OF RULE

27. Any alterations or additions to these Rules required from time to time shall be made by Resolution passed at a General Meeting. Any member desiring to propose such alterations or additions must give notice in writing, stating the effect thereof, to the Company Secretary at

least one calendar month before the date of the meeting, and a copy of such proposal shall be sent to every member with the notice convening the meeting.

FINANCE

28. Application Fee
 - a. The application fee:
 - i. shall be as determined by the Annual General Meeting;
 - ii. shall accompany the application for membership.

29. Membership Fee
 - a. The subscription to the Association shall be as determined by the Annual General Meeting by two-thirds of the members present.
 - b. The deadline for the payment of the annual subscription shall be 30 days following the holding of the Annual General Meeting.
 - c. In the event that the annual subscription is paid past the deadline date, the subscription shall be pro-rated based on the period between the payment date and the deadline date.
 - d. Subscription for a new member shall be fifty percent (50%) of the membership fee.
 - e. A member shall be considered to be new for the first twelve months of their membership.
 - f. If a member shall retire from the practice of dentistry his subscription shall be reduced to twenty-five percent (25%) of the membership fee from the end of the current year, provided that he has been a member for over 10 years.
 - g. Upon retirement, the member shall write to the Association indicating the date of their retirement, and the reduction applied to the year following.
 - h. Member dentists who attain the requirements for life membership while still practicing (active life members) pay seventy-five percent (75%) of full active dues
 - i. Members who qualify for life membership and are retired and have submitted an affidavit attesting to these qualifications, pay zero-percent (0%) of full active dues.
 - j. Subscription for a student member shall be ten percent (10%) of the membership fee.
 - k. Subscription for an intern member shall be twenty-five percent (25%) of the membership fee.
 - l. Subscription for an affiliate member shall be seventy-five percent (75%) of the membership fee.
 - m. No subscription fee shall be levied against a Honourary Member

30. Salary or Stipend

No elected officers of The Association shall receive any salary or stipend from the Association by virtue of such position.

31. Assessments
 - a. When, in the judgment of the Association, it is necessary to expend funds over and above the amount then in the Treasury, a pro rata assessment may be called for by a three-fourths vote of the members present at a regular General Meeting, PROVIDED that seven (7) days' notice of such purpose to assess shall have been given each member.

32. Arrears of dues.
- a. If a member is in arrears for dues for more than one year he or she:
 - i. shall be deprived automatically of all rights and privileges of membership as long as the dues remain unpaid.
 - ii. shall not be eligible to attend any meetings or functions of the Association.
 - iii. at the end of 18 months shall automatically lose membership.
 - iv. shall be eligible for re-instatement:-
 1. if still a member, on the payment of all outstanding dues
 2. If no longer a member, by application for re-election by the Executive Committee and shall not be eligible for re-election until the payment of all outstanding dues.

DISBURSEMENTS OF FUNDS

33. All disbursements from the funds of the Association shall be made upon the order of the Executive Committee and all bills shall be certified to the Treasurer by the Secretary. All cheques shall be signed by the Treasurer and either the President or Secretary or one other appointed Active Member, appointed by the Executive Committee.

The appointed member shall also act as a transition accounting officer between Executive Committees.

DISSOLUTION

34. If the Association decides to cease functioning because the Association no longer fulfills the objects, the procedure to dissolve the Association shall be as follows.

The Executive Committee shall circulate a notice of intent of dissolution to all members and call a general meeting and a motion to dissolve the Association will be placed before the membership. If a two-thirds majority vote is in favor of dissolution, then the Association will be dissolved after paying all its liabilities and donating all its assets to any charitable organization(s) that the membership decides to donate to.

SEPARABILITY CLAUSE

35. If any article or section of this constitution or by-laws is determined to be unlawful, all other articles and sections shall remain in full force and affect.

RULES OF ORDER

36. In all proceedings of the Association if no special rule has been adopted Robert's Rules of Order shall be authoritative.
37. All previous rules of the Jamaica Dental Association are hereby rescinded and the above rules substituted.

CODE OF ETHICS

INTRODUCTION

The Code of Ethics is organized based on the Primary and Secondary Ethical Principles. Applicable Guidance Notes seek to breakdown the principles.

The Primary Ethical Principles are:

Autonomy

Beneficence

Non-maleficence

Justice

The Secondary Ethical Principles are:

Veracity

Fidelity

Gratitude

Reparation

Avoidance of Killing

Primary Ethical Principles

I. Autonomy - Self-determination

The right of the patient to determine their treatment, and to have the information they provide remain confidential is the primary obligation of the attending dentist. This right is to be protected by dentists, and the treatment provided is to be in keeping with accepted and standard dental procedures.

I.A. Informed Consent

The patient is to be involved in the discussions that lead to the defined treatment plan for the patient. Informed consent procedures are to be followed in which the patient is to be informed of the possible treatment and treatment alternatives based on their presenting dental condition. In the process of obtaining informed consent, the dentist is to provide specific information, in language that the patient can understand, about their presenting dental condition.

I.B. Patient Records

The patient is to have a file containing their personal and dental treatment information. The patient has the right to access their file, and received copies of the information. This is known as the Patient Record, and keeping the record safe and the information confidential is another obligation of dentists and members of the dental team. This confidentiality covers both clinical and non-clinical information, and this confidentiality is to be maintained even after the patient's death, unless written authorization has been received for the information to be released.

Guidance Notes:

1. Patient records are to be comprehensive, accurate and respectful.
2. Patient records are normally to be maintained for a minimum of seven (7) years.
3. The information in a Patient Record can be requested by the patient or by another dental practitioner, i.e. the patient's present dentist normally, and as such, standard protocols and forms are to be used in entering the information.
4. Dentists have an ethical obligation to provide information that will be beneficial for the further dental management of the patient, and may include original patient records, copies or summary information, diagnostic images or copies. Dentists are to provide this without reference to the patient's account.
5. The overarching and applicable laws of confidentiality may supersede the ethical obligation of transferring patient records.
6. In all instances of a request from another dental practitioner, the patient has to give consent.
7. The patient has to provide formal, i.e. written, consent, for the transfer of their patient records, whether completely or in part.
8. The patient also has the legal right to refuse the transfer, and dentists are to note that this refusal can be the basis of formally ending the relationship between the dentist and the patient.

II. Beneficence - Do good

Dentists are to be altruistic in the performance of their duties. Promoting and protecting the welfare of the patient is thus another primary obligation of dentists. The dentist has a duty to promote the patient's welfare. This duty is directly related to the competency of dentists as dentists have to be competent in the delivery of dental treatment. The primary responsibility of dentists is the health, welfare and safety of their patients.

II.A. Community Service

Dentists have an ethical obligation to improve the dental health of their communities using their knowledge, skills and experience. Dentists are encouraged to be leaders in their communities, and promote the altruism, ethics, professionalism of the dental profession. Involving themselves in their communities shows the empathetic nature of dentists, and this is encouraged through participation in dental health fairs, outreaches and mission trips.

II.B. Government of a Profession

Every profession receives from society the right of regulation which is achieved largely through the influence of the professional association, and every dentist has a dual obligation of joining a professional association, and abiding by its Code of Ethics and Professional Conduct norms.

Guidance Notes:

1. Dentists must be duly registered by the Dental Council of Jamaica and be familiar with and comply, without exception, with the tenets of the Dental Act.
2. Dentists are to abide by all guidelines, codes, legislation, and regulations in force at the time.

II.C. Research and Development

Research in dentistry is to be ongoing such that improvements in patient dental treatment and promoting dental public health can be realized.

Guidance Note:

1. Dentists involved in research have an obligation to share their results, clinical, technical or scientific, freely with the profession and the public, and be prepared to explain their research and how it will benefit the public and the profession, whilst maintaining their research and publication rights and privileges.

II.D. Exclusive Rights - Copyrights and Patents

Dentists are supported in securing exclusive rights, with the proviso that these rights are not to be used to restrict current or future research in dentistry or the practice of dentistry. Dentists are to self-disclose to patients their commercial interest in any product or service they are recommending, and this is to be done at the time the recommendation is made.

II.E. Abuse and Neglect

Dentists are ethically and legally bound to report suspected signs of abuse and neglect to the relevant authorities. In respect of the legal obligation, dentists are to familiarize themselves with the signs of abuse and neglect.

Guidance Notes:

1. Dentists should be aware of the nearest referral authority to their practice, and by extension, are to be able to contact the authority best suited for the patient's reporting confidentiality to be maintained.
2. The protection of the patient's welfare is to be paramount in the actions that dentists take.

II.F. Professionalism

As the leader of the dental team, dentists have the obligation to provide for a supportive environment for the development of collegiality, mutual respect, and professionalism for all members. Dentists are to lead by example, and once this environment is developed, are to ensure that the environment is maintained.

Guidance Notes:

1. The reputation of dentists is to be built on the merit of their professionalism, integrity and competence.
2. Dentists are to be proactive in minimizing disruptive behaviour and conflicts as these can lead to decreasing the quality of patient care provided, and to undermining the repository of the patient's trust and confidence in the dentist.
3. Dentists are to express their opinions of dental and non-dental matters in a professional, objective, honest and truthful manner so as to reflect positively on the profession.
4. Dentists are reminded that the disruptive behaviour of one dentist, once this behaviour enters the public domain, lowers the society's view of and trust in the entire profession, and as the autonomy that the profession has is determined by the public, this lowering can lead to this autonomy being rescinded.
5. Dentists are to act at all times to support and enhance the integrity, dignity and reputation of dentists and the profession.

III. Non-maleficence - Do no harm

Dentists have an obligation to protect the patient from harm. This harm is separated from the harm of abuse and neglect, and is related to the dental care of the patient. The overarching guidance to dentists is three-fold. First, maintain and improve their clinical competency by keeping their knowledge and skills current. Second, know when to refer to a specialist, another colleague, or to another health care professional by understanding and accepting their limitations. Third, be guided and purposeful in delegating patient care to professional complementary to dentistry/dental care professionals.

III.A. Education and Training

The autonomy that the dental profession in general, and dentists specifically have is based on the society's collective view that dentists are capable of self-regulation and delivering quality dental care to patients. The tenets of what constitutes a profession include education that is generalized and achieved over a long period. Dentists thus have an obligation to keep their knowledge current. In their professional career, dentists are to maintain their competency by continually keeping abreast of active and current advancement of technical, scientific and clinical developments. Dentists are to use this knowledge, along with their competency, and experience to deliver quality dental care to their patients.

III.B. Consultation and Referral

In their delivery of quality dental care, dentists should deliver dental care within the limits of their clinical competence. In delivering this care, dentists have an obligation to consult with other dental and health care professionals.

Guidance Notes:

1. Dentists are guided that patients are entitled to consult any dentist and change their dentists at any time, even while undergoing dental care.
2. When the consultation and referral is with another general or specialist dentist, the consulting dentist shall have the patient return to the originating dentist on completion of the referred for dental care.
3. If the referral is to a specialist dentist, from a non-dental origin, upon completion of the specialist care, the specialist has a duty to inform the patient whether or not there is need for further dental care.
4. Dentists are guided that the patient, upon completion of the referred for dental care, can express that they do not want to return to the originating dentist.
5. The dentist should guide the patient to inform their originating dentist.
6. The referred to or consulting dentist, in seeing the patient, is to give an unbiased dental opinion.
7. This opinion is to be accompanied by the written summary of the consultation to include the diagnosis, treatment, recommendations and further referrals.

III.C. Professionals Complementary to Dentistry / Dental Care Professionals

The dentist has an obligation to protect the health of patients by not delegating to a person less qualified, any service or operation which requires the professional competence of a dentist. Based on the doctrine of *respondeat superior* (Latin: "let the master answer") the dentist has vicarious liability (is responsible for) for the actions of the members of their dental team.

Guidance Notes:

1. The dentist has a further obligation of prescribing and supervising the work of all auxiliary personnel in the interest of rendering the best service to the patient.
2. The dentist is to ensure that the duties carried out by staff who are involved in patient care are a result of formal certification in their respective areas.
3. Dentist should not rely on on-the-job training for this certification, but have this training certified by an approved/accredited institution of education and training.
4. In delegating patient care duties, the dentist has an ethical and legal obligation to abide by the duties legally ascribed to dental auxiliaries in the Dental Act and Regulations of the Dental Council of Jamaica.
5. Dentists are thus only to delegate tasks to dentists, professionals complementary to dentists/dental care professionals and dental staff who are legally authorized, formally educated, trained and competent.

III.D. Personal Impairment

Dentists have an ethical obligation to practice free from the impairment of their ability to practice that results from abusing controlled substances, alcohol, or other chemicals. Similarly, dentists have an ethical responsibility to first speak with a practicing colleague who is so impaired, and to guide the colleague to seek treatment for the impairment.

Guidance Notes:

1. In speaking with the colleague, the dentist has a further ethical responsibility to guide the colleague to self-report the impairment to the Association, and that the dentist will inform the Association under confidential cover such that professional assistance be provided.
2. Impairment of a dentist that affects the ability of the dentist to practice or endangers patients or members of the dental team shall result in the dentist limiting their practice to areas where there is no patient or dental team endangerment.
3. Once the impairment is removed, the limitations are to be removed.

III.E. Infectious Materials Exposure

Dentists have an ethical obligation to immediately inform any patient who may have been exposed to any potentially infectious material whilst under their direct or delegated dental care.

Guidance Notes:

1. The guidance to the patient is for them to follow post-exposure protocols, and refer them to their medical practitioner.
2. All members of the dental team who were involved in the potential exposure are to undergo the requisite post-exposure protocols and referral.

III.F. Patient Abandonment

Dentists are guided that abandoning a patient is a legal offence. At the end of completing the patient's treatment, the dentist should formally place the patient on recall. However, should the dentist want to discontinue treating the patient, either during the course of treatment or at the end, the dentist is to give adequate formal notice to the patient. This notice period is to allow the patient self-referral to another dentist, a process that the dentist has an ethical responsibility to assist with. Dentists are to note that until the patient is a patient of record with another dentist, the dentist is to provide dental care to the patient.

III.G. Inter-Personal Relationships

Dentists have an ethical responsibility to be professional in their relationships with patients, colleagues, professionals complementary to dentistry, staff and members of the public. Dentists are to ensure that their Inter-personal relationships do not impair the delivery of quality dental care, or are not exploited. Dentists, within reason, should be willing to assist the members of their dental team, and, by extension, members of their dental profession in providing dental services. In carrying out this responsibility, dentists are to refrain from disparaging their colleagues to their patients, to other colleagues, or to society. The exception to this is if the dentist is required by law to disparage a colleague.

III.H. Patient Selection

It is understood that all patients have a right to choose their dentist, but any enticement or even encouragement to do so by another practitioner is highly unethical. Dentists have the right to decline to treat a patient provided that the refusal reason can be supported by humanitarian, ethical and legal grounds. The right to select their dentist does not apply in a dental emergency whether the patient has capacity or not.

Guidance Notes:

The following procedures should be observed:

- (i) When a dentist, in whatever form of practice, has reason to believe that a patient who requests him/her to give advice or treatment is not under the care of another practitioner, he/she is at liberty to accede to the request unless he/she has previously seen the patient in consultation with a colleague or when acting as deputy for a colleague. In either of the latter two events, while dealing with any emergency that may exist, he/she should forthwith explain to his/her colleague and should not accept the patient for further treatment without his/her colleague's consent. In a dental emergency the consulted dentist is to attend to the immediate problem, and notify the patient's dentist on record of the treatment rendered.
- (ii) When a dentist is consulted by a patient whom he/she has reason to believe is normally attended by another practitioner, he/she should ascertain if the reason for consultation is the wish of the patient to change his/her dentist: if so he/she is entitled to accept the patient.
- (iii) If the consultation is because the patient's usual practitioner is unable through absence or illness to attend to him/her, only emergency treatment should be undertaken.
- (iv) When a dentist is consulted by a patient who is being treated, or has previously been treated by a colleague, it is his/her duty to avoid, as far as possible, any word or action which might disturb the confidence, or the level of integrity of the patient in the previous dentist. (A lack of knowledge of conditions under which the services were afforded may lead to unjust criticism).

III.H. Patient Selection (cont'd)

Guidance Notes: (cont'd)

In malpractice suits both parties have a right to present expert testimony through witness. A dentist acting as a witness should not be disciplined merely for presenting his professional opinion.

III.I. Split Fees and Rebates in Advertising and Marketing Services

The dentist has an ethical responsibility not to accept or tender “rebates” or “split fees”. This restriction applies to business dealings between dentists, between dentists and members of the dental team, and between dentists and any third party. A fee arrangement between dentists which is not disclosed to the patient constitutes fee-splitting and is unethical.

Guidance Notes:

1. A fee arrangement between a dentist and an anaesthetist which is fully disclosed to the patient is not unethical.
2. A dentist who purchases a deceased dentist’s practice and agrees to pay to the widow or the estate a percentage of the fees collected from patients of record of the deceased dentist for a limited period of time is not in violation of the Principles of Ethics.
3. A dentist who agrees to pay another dentist a percentage of his fees as part of an agreement covering the sharing of office facilities is not in violation of the prohibitions within this section.
4. Dentists in partnership may use any reasonable formula for determining how partnership profits may be divided among partners.

III.J. Service to the Public:

The dentist’s primary duty is to serve the public. The dentist is to give the highest type of service of which he is capable and by avoiding any conduct which leads to a lowering of esteem of the profession of which he is a member.

Guidance Notes:

1. It is unethical for a dentist to display his fees on a form in his waiting room. This practice is undignified and will lower public esteem for the profession.
2. The use of professional letter heads in connection with a dentist’s effort to promote commercial endeavour is undignified; and might tend to lower public esteem of the profession.
3. A local society’s announcement in the public press of the availability of a budget payment dental care plan should be dignified. It would be undignified for the announcement to list the names of the dentists participating in the plan.
4. It is not unethical for a dentist to inform his patients on recall card or otherwise that he will render certain services free of charge.
5. It would be unethical for a dentist to sell to his patients’ professional samples given to him by commercial houses.
6. A dentist who permits his professional identification to be a prominent part of an advertisement in connection with non-professional commercial endeavour violates this principle.

III.K. Establishment in Practice:

In General Practice, a dentist is free to practice where he/she chooses. He/She should not take advantage of information obtained during negotiations for a practice or a partnership where these negotiations have broken down. Nor should a practitioner commence practice where he/she has acted as an assistant or locum tenens for the practitioner in that locality without written consent of the established practitioner. In Specialist Practice, a dentist who limits his/her practice to an area of dentistry may include that information in his/her cards, letter heads, announcements and directory listings consistent with the customs of the dentists of the community if the following conditions are met:-

- a. that he/she must have a certificate or diploma in the indicated area of dentistry; and/or is recognized by, his colleagues;
- b. the dentist's practice must be limited exclusively to the indicated area of dentistry.

It is desirable that he/she should inform the Association of his/her intention to limit his/her practice to an area of dentistry.

III.L. Owners of Dental Practices

Owners of dental practices have obligations towards their employees that supersede their working employer-employee relationships. The owners are not to induce the dentist and the members of the dental team to provide dental treatment that is below the reasonable standard of care or outside the scope of their practice or competence.

IV. Justice - Fairness

Dentists have an ethical duty to treat patients, staff, dental team members, and the public fairly, without prejudice or discrimination. As a collective, the dental profession is to ensure that all members of society have access to quality dental care, and that patients receive just and equitable treatment.

IV.A. Patient Selection

Dentists have an ethical duty to not deny dental treatment to patients due to the patient's nationality, national origin, gender, gender identity, race, creed, colour, sexual orientation or disability. In selecting their patients, dentists are within their rights to exercise reasonable discretion.

IV.B. Patients with Disabilities or Bloodborne Pathogens

Dentists are to treat patients with disabilities in like manner as they treat patients with no disabilities. Dentist are therefore to consult with the patient's healthcare team to determine the patient's health status and once determined, whether this would impact the planned dental treatment. Medically compromised patients, patients with developmental, physical or intellectual disabilities, patients with bloodborne pathogens such as Hepatitis B and C viruses, Human Immunodeficiency Virus, or other bloodborne pathogens are to be considered.

IV.C. Emergency Service

Dentists have an obligation to their patients on record to make reasonable arrangements for emergency dental care to be made available to them. Dentists have a further obligation to provide emergency dental treatment to patients not on record, and an even further obligation to guide the patient to return to their dentist on record once the emergency treatment has been rendered. The right remains with the patient to determine who they want to be their dentist on record.

IV.D. Justifiable and Constructive Criticism

Dentists have an obligation to seek direct or indirect audience with a colleague who the dentist has justifiable, truthful and informed evidence of the colleague doing dental procedures consistently below the reasonable standard of care of dentists in their jurisdiction. Dentists are also obligated to have the colleague reported to the Association, to the Dental Council of Jamaica, and to other applicable bodies.

Guidance Notes:

1. The guidance to dentists in informing the patients affected is to do so in a professional manner, and refrain from using disparaging comments about the dentist who provided the below standard treatment.
2. Dentists who are in the public domain and make oral or written statements about colleagues or the profession are also to do so in a professional manner.
3. Dentists are to prepare themselves for disciplinary action if their comments are found to be unjustifiable, untruthful or non-evidenced based.

IV.E. Expert Testimony & Contingent Fees

Dentists may appear as an Expert Witness and provide expert testimony in any judicial court in matters that pertain to the practice of dentistry. It is unethical for dentist who appear as expert witnesses to either agree to or accept a fee that is directly related to the favourable outcome of the legal process.

Secondary Ethical Principles

V. Veracity - Telling the truth

Dentists have an ethical duty to be truthful in their communications with patients, dental staff, dental team members, and the public. Trust is the foundation of the dentist-patient relationship, and dentists are to engender this trust by being honest with and respectful of their patients. Dentists who are integrous and display their integrity provide a level of initial trust that reassures patients that they will be honest in their patient-dentist relationship.

V.A. Representation of Care

The care being rendered to patients by dentists shall not be represented in a false or misleading manner. Dentists act in an unethical and improper manner if they remove any dental restorative material based on unsupported scientific evidence or for solely personal reasons. The removal of functional amalgam restorations from non-allergic patients under the premise that the dentist is removing a toxic substance from the body is an example of this. Dentists also act unethically if they present dental treatment or diagnostic imaging techniques that are neither based on evidenced-based research nor based on accepted scientific knowledge. These unsubstantiated representations undermine the quality of patient care that can be provided by dentists.

V.B. Representation of Fees.

Dentists shall not represent the fees for dental treatment in a false or misleading manner. The dentist's full fee shall be the fee for patients who do not have a dental benefits plan. The full fee is the cost of resources, to include the human resources, of delivering the specific dental treatment and the monetary value of the dentist's educational and professional judgement. Dentist in third-party arrangements, who waive the copayment, engage in overbilling.

Guidance Notes:

1. Third parties can be defined as entities in a dental prepayment plan that collect premiums, pay claims, assume financial risks and provide administrative services.
2. Dentists act unethically if they increase the fee to a patient solely because the patient has a dental benefits plan.
3. Dentists are to submit third party claims using the correct treatment dates.
4. Dentists who try to assist patients in obtaining benefits due to them under the plan, when those benefits would not be supported by changing treatment dates, act in an unethical manner.
5. Similarly, dentists who list a dental procedure incorrectly in order to receive a higher level of reimbursement or payment, or list a non-covered procedure as a covered procedure act in an unethical manner.
6. Dentists are to perform dental treatment that are necessary to improve the patient's dental health, as if they perform unnecessary services, they act in an unethical manner.

V.C. Conflict of Interest

Dentists shall self-disclose and divulge any conflict of interest or any potential conflict of interest. Dentists who publish articles, present at a conference, seminar, workshop or appear in product promotion or endorsement shall disclose to the readers, attendees or participants any benefit, monetary or otherwise, the dentist has with the publishers, sponsors or companies involved. This disclosure shall be publicly made in the publication, as an announcement or in the presentation. A conflict of Interest statement is to be included in any publication that the dentist is associated with.

V.D. Devices and Therapeutic Methods

Dentists have the obligation to prescribe, dispense, and promote only those drugs, medications, equipment, devices that are approved by the proper regulatory bodies in their jurisdiction. Dentists who hold out as exclusive any drug, medication, equipment, device, agent, method or technique is acting in an unethical manner, if that representation is false or misleading in any aspect. Devices and therapeutic methods that are a part of ongoing research are excluded from this obligation. Dentists who suspect that an adverse reaction to a drug or device has occurred, have an ethical obligation to the proper authorities to report same.

V.E. Marketing or Sale of Products or Procedures

Dentists have an ethical obligation not to exploit the trust that forms the foundation of the dentist-patient relationship for financial gain. Dentists have an obligation to find out the validity and reliability of any product or device that they, or their auxiliaries or staff, intend to market to and share with their patients. Dentists are to allow their patients to make informed decisions in respect of purchasing any product or device.

V.F. Professional Announcement

Announcements made by dentists should not misrepresent the education, training or clinical competence of dentists. Dentists shall represent themselves in support of the tenets of the dental profession and professionalism.

V.G. Advertising

Dentist may advertise, provided that in so doing the reasonable standards of advertising in force at the time are met. Dentist have an ethical obligation not to advertise or communicate in a manner that is misleading or false.

Guidance Notes:

1. Advertising by dentists shall not discredit the profession.
2. Advertising shall not to be done in an improper, unethical, false or misleading manner.
3. Dentists who are a part of published communications on dental health shall be truthful in their disclosure of the source and authorship, and shall not entice the public to utilize the services of the dentist.
4. Dentist who do so are acting in an unethical manner, i.e. in a false or misleading manner.
5. The dentist has the obligation of advancing his/her reputation for fidelity, judgment and skill primarily through his/her professional services to patients and to the society.
6. Articles written for the lay press should not appear to laud the writer. While the dentist's photograph and qualifications can be published, his/her address should not be published along with the article.
7. A dentist may deliver a lecture to a lay audience. The dentist should take all reasonable steps to see that in any preliminary announcement or subsequent press report of the lecture, their professional qualifications and/or ability (as distinct from the subject matter of the lecture), are not made the subject of laudatory reference.
8. A dentist's name can appear in extra-large type or emphasized type, and the dentist can pay to have their name and/or telephone number inserted in any directory.

Guidance Notes: (cont'd)

9. A dentist who advertises, solicits patients or engages in business and/or promotional activities will not result in a violation of advertising ethics save where such activities are false or misleading in any material aspect.
- i. A dentist who distributes professional cards to the public-at-large or to all persons eligible for dental care under a group health care plan, including many persons not patients of record, is engaged in unethical conduct even if they are the only dentist who has agreed to render service to the group.
 - ii. A dignified paid announcement of the availability of a budget payment dental care plan is not unethical.
 - iii. The publication of a list of dentists who have agreed to participate in a group dental care plan to those who are eligible for care would not result in violation of advertising ethics.
 - iv. It is not unethical for the Association to purchase institutional advertising to counteract the advertising of an unethical dentist. Such practice, however, may not be good taste.
 - v. A dentist who issues a news release linking them to new advances in dentistry is engaged in unethical practice. News releases concerning achievements of dentistry should come from the dental society or other appropriate professional sources.
 - vi. A dentist who gives lectures or demonstrations before lay groups on a particular technique, which they employ in their practice, is in violation of advertising ethics if they did not declare this beforehand to the patient, and obtained the patient's consent. Such conduct can be interpreted as a form of advertising which imports superiority over the dentist's colleagues.
 - vii. A dentist who takes part in sound or television programmes without insisting on anonymity would not be in violation of advertising ethics
 - viii. A dentist who permits their name to appear in heavy type in a directory, or inserts their name in any directory where a charge is made for the insertion would not be in violation of advertising ethics.
 - ix. A dentist who, in promoting their practice, uses a trade name or an assumed name that is false or misleading would be in violation of advertising ethics.
 - x. A dentist may use the name of a dentist no longer actively associated with the practice for a period not to exceed one year, without being in violation of advertising ethics, provided that the dentist no longer actively associated with the practice has retired and has given expressed consent after receiving legal advice. The continuation of the use of the name of the departing dentist after a year will be in violation of advertising ethics if prominent notice, in the public medium, is not provided. The erection of a sign at the office and the issuing of a short statement to patients and clients of the practice to the effect that the departing dentist has retired will be in keeping with the ethics of advertising.
 - xi. A dentist so qualified and credentialed can inform the public of their specialization, and in doing so, should use the terms "specialist in" or "practice limited to", and upon such announcement, shall limit their practice to the announced specialist area of dental practice without being in violation of advertising ethics. The following areas of specialty are recognized by the Association:
 - a. Oral and Maxillofacial Surgery/Facio-Maxillary Surgery
 - b. Paediatric Dentistry
 - c. Orthodontics & Dentofacial Orthopaedics
 - d. Dental Public Health
 - e. Endodontics
 - f. Periodontics
 - g. Prosthodontics
 - h. Oral and Maxillofacial Pathology
 - i. Oral and Maxillofacial Radiology

V.H. Unearned, Nonhealth Degrees

A dentist may use the title Doctor or Dentist, D.D.S., D.M.D. or any additional earned, advanced academic degrees in health service areas in an announcement to the public. The announcement of an unearned academic degree may be misleading because of the likelihood that it will indicate to the public the attainment of specialty or diplomate status.

Guidance Notes:

1. An unearned academic degree is one which is awarded by an educational institution not accredited by a generally recognized accrediting body or is an honorary degree.
2. The use of a nonhealth degree in an announcement to the public may be a representation which is misleading because the public is likely to assume that any degree announced is related to the qualifications of the dentist as a practitioner.
3. Some organizations grant dentists fellowship status as a token of membership in the organization or some other form of voluntary association.
4. The use of such fellowships in advertising to the general public may be misleading because of the likelihood that it will indicate to the public attainment of education or skill in the field of dentistry.
5. Generally, unearned or non-health degrees and fellowships that designate association, rather than attainment, should be limited to scientific papers and curriculum vitae.
6. In all instances, the regulatory authority should be consulted.
7. In any review of the use of designations in advertising to the public, the Association will apply the standard of whether the use of such is false or misleading in a material respect.

V.I. Soliciting Patients

Dentists are to ensure that communiqués, advertisements, social media posts, or other communication that is used to solicit patients does not leave out any material facts that leads patients to form an incorrect impression or conclusion. Patients have to give informed consent for the use of their image or likeness in any publication, advertisement or promotion

V.J. Websites

Dentists who use the Internet to announce, develop, market and promote their practice have an ethical obligation to ensure that the information on and transmitted through their websites conforms to the Code of Ethics. The information is to be truthful and not misleading in any form.

V.K. Name of Practice

Dentists shall name their practice in a manner that is not false or misleading in any aspect, as the name of the practice is a factor in patients deciding which practice to visit. Dentists who inherit a practice may use the name of the dentist who had the practice, but is no longer active, for a period not exceeding one year. The previous dentist may give permission for this period to be exceeded provided that the public is formally notified through media such a publication, notice, sign, or statement that the departing dentist has retired from the practice.

The term “clinic” should be limited to designate public or quasi-public institutions established on a not for-profit basis for the purpose of providing dental health care.

V.K. Name of Practice (cont'd)

“Group Practice” is that type of dental practice in which ethical licensed dentists, sometimes in Association with members of other health professions, agree formally between themselves on certain central arrangement designed to advance the economical and efficient conduct of a dental practice in order to render an improved health service to the patient. The use of “group” or “group practice” is permitted only if such designations are not in conflict with community custom.

V.L. Specialization and Limitation of Practice

Dentists have an ethical obligation to practice within the scope and limits of their education, training and competency. A general dentist who has formally qualified themselves as a specialist is ethically supported in announcing to the public that they are a specialist. The specialty announcement is officially recognized as such once the specialty is one of those formally recognized by the Association and by the Regulatory Authority in the dentists’ jurisdiction. The following are so recognized: Oral and Maxillofacial Surgery, Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Periodontics, Prosthodontics, Paediatrics, Orthodontics and Dentofacial Orthopaedics, Endodontics, and Dental Public Health.

Guidance Notes:

1. Dentists who choose to announce as specialists after qualifying are to exclusively devote their practice to their specialty.
2. Dentists who qualify in a specialty area, and decide not to announce as a specialist, can decide to limit their practice to the specialty area.
3. Dentists who choose to limit their practice are to devote a majority of their practice to the specialty area so as to maintain their expertise in the area.
4. The terms “specialist in” and practice “is limited to” apply to each respectively.
5. Dentists who deceive the public that they are specialists and delivering specialists’ services are engaged in unethical conduct.
6. Specialists who work in group practices with general dentists engage in unethical conduct if they allow the public to believe that the general dentists are delivering specialist services or they allow the general dentist to make the public believe that the general dentist is delivering specialist services.
7. Specialists shall not announce their credentials in a manner that implies specialization in a non-specialty area.
8. The Association shall establish specialist lists in each specialty area using established criteria in each specialty area for recognizing the specialty.
9. The list for each specialty, shall be updated annually.

V.M. Dual Degreed Dentists

Dentists who are qualified in more than one discipline or specialty are ethically supported in publicly announcing their multiple qualifications once they have maintained their licensure in each discipline.

V.N. General Practitioner Announcement of Services

Dentists have an ethical obligation to announce their services in a manner that is not false or misleading to the public. General dentists shall not communicate to the public any reference to their services with the implication that the services are specialist services or give the implication that they are specialist services. In addition, general dentists are to state that the services are being provided by a general dentist. A general dentist may not make a public announcement to the effect that the dentist is certified, credentialed or a diplomate in an area not recognized as a specialty area by the Association or the regulatory authority in the jurisdiction that the dentist practices in. The Association will recognize the credentials, certification or diplomate if the following supporting information is received.

1. The dentist successfully completes a full-time post-graduate programme of at least 12 months duration.
2. The programme is based on the dentists' training and experience.
3. The dentist completes an oral and written examination successfully.
4. The dentist informs that they are a general practitioner.
5. The announcement is to state that the programme is not recognized as a specialty area by the Association or the Regulatory Authority in the jurisdiction of the dentist.

V.O. Credentials in General Dentistry

General dentists can announce the formal attainment of a fellowship or other credentials while qualified as a general dentist once they do not announce or imply specialization. Any such announcement is to state that the dentist is a general dentist. In attaching their credentials to their name, the dentist is to ensure that there is a distinction in the abbreviation from the abbreviations attached to degreed and specialist qualifications.

V.P. Secret Agents and Exclusive Methods.

The dentist has an obligation not to prescribe, dispense or promote the use of drugs or other agents whose complete formulae are not available to the dental profession. He also has the obligation not to prescribe or dispense, except for limited investigative purposes, any therapeutic agent, the values of which are not supported by scientific evidence. The dentist has the further obligation of not holding out as exclusive, any agent, method or technique.

Guidance Notes:

1. A dentist is to inform their patients of all relevant information their patients' needs to make an informed decision to purchase a product that they are prescribing, dispensing or promoting.
2. This is to include locations where the product can be purchased, and the dentist shall disclose if there are any financial incentives for the dentist to recommend the product.
3. Dentists have an independent obligation to verify that claims made by manufacturers about dental products that they are promoting have a scientific basis, and that the claims made are accurate and truthful.
4. Dentists would be in violation if they induce their patients to purchase products or submit to undergo a procedure by misrepresenting the value of the product or procedures.

V.Q. Cards, Letter heads, Announcements:

A dentist may properly utilize professional cards, announcement cards, recall notices to patients of record, and letter heads, when the style and text are consistent with the dignity of the profession and with the custom of other dentists in the community.

Professional Cards should be of modest type announcing his name, title, address, telephone number and office hours, and if he confines his practice to a specialty he may so announce, e.g. "Practice limited to..."

Announcement Cards should be of modest type, and may include for example: "John Doe, D.D.S. begs to announce that he has moved (or will be absent from) office from to....."

Announcement cards may be sent when there is a change in location or alteration in the character of practice, but only to other dentists, to members of the health professions, and to patients on the book of the practice. Local Press announcement is permissible for change of address only, but must not contain any indication whatever of the nature of the advertiser's profession.

Example: See above leaving out degrees.

Guidance Notes:

1. A dentist who invites patients of record, other dentists and physicians to an "open house" in connection with the establishment of a new office is not engaged in unethical conduct.
2. A dentist who imprints flamboyant pictures and descriptive material on his office stationery is engaged in unethical conduct.
3. It is unethical for a dentist to send announcement cards to the public at large.
4. Where a dentist purchases or takes over the practice of another dentist who is retiring, it is not unethical to send announcements to the retiring dentist's patients of record.

V.R. Use of Professional Titles and Degrees

A dentist may use the titles Dentist, Dental Practitioner or Dental Surgeon, associated with his name, followed by the approved abbreviations attached to the title or degree received: Doctor of Dental Surgery (D.D.S.); Doctor of Dental Medicine (D.M.D.); Licentiate in Dental Surgery Royal College of Surgeons (L.D.S.R.C.S.); Licentiate in Dental Science (L.D.Sc.); Bachelor of Dental Surgery (B.D.S.); Diploma in Medicine (Stomatology) (M.D.(Stomatology)), Diploma in Stomatology (Dip. Stom.), or qualification indicated by particulars entered in the dental register in respect of him in connection with his name on card, letter heads, office door sign, and announcement's. A dentist may not use his title or degree in connection with the promotion of any drug, agent, instrument or appliance.

Guidance Notes:

1. A dentist who permits his name with title or degree to be used in circulars and other material advertising a product such as a denture cleanser, is promoting a dental product in violation of the Principles of Ethics, unless said product is approved by the Jamaica Dental Association.
2. A practicing dentist who identifies himself by title or degree in material promoting the products of a dental supply house owned or managed by that dentist is engaged in unethical conduct.
3. A dentist who merely demonstrates a piece of dental equipment within a commercial exhibit at a professional meeting is not engaged in unethical conduct.

V.R. Use of Professional Titles and Degrees (cont'd)

4. A dentist should not spell out his degree -“Doctor of Dental Surgery” or “Doctor of Dental Medicine”, etc.
5. Misleading announcements – any act or omission by a registered dentist in connection with his practice which is calculated to mislead the public may be held to constitute infamous or disgraceful conduct.
6. A dentist who uses a title gained by an unearned academic degree in any announcement to the public would be in violation of Section 7 of the Principles of Ethics as this may be misleading. An unearned academic degree is an honorary degree or one awarded by a non- accredited educational institution. The use of the titles gained by an unearned or non-health degree and fellowships that designate Association, rather than attainment, is advised to be limited to scientific papers and curriculum vitae. The general public may be misled by the use of such fellowships in any announcement to the public as it implies to the public that the dentist has attained additional qualifications in dentistry.

VI. Fidelity - Keep promises (both implied and explicit)

Dentists have an ethical responsibility to be loyal to their patients, dental team members, and to all involved in the dental care of patients. Dentists have a further ethical responsibility to be loyal to their Association, and to the Dental Council of Jamaica. This loyalty translates into abiding by the informed consent signed by the patient, and by complying with the legislation, regulations, codes, guidelines of the Association and the Council.

VII. Gratitude - Show respect for those who have helped you

Dentists have an ethical responsibility to express their appreciation to patients, dental team members and the wider public in giving thanks for provided help. This appreciation recognizes the good that persons have done and conveys a sense of warmth and goodwill.

VIII. Reparation - Make amends if you are responsible for an injury

Dentists have an ethical obligation to redress any wrong, incorrect action that the dentist and the dental team take in their care of the patient. The form of redress is to be decided by the dentist and placed in writing as a form of office policy for all patients, and/or is to be decided through discussions with patients and then formalized. The reparation can be by compensation, recoupment, restitution, remuneration or other assistance or action which makes amends for the wrong that has been done.

IX. Avoidance of Killing

Avoidance of killing is an ethical obligation of dentists to deliver patient care in a manner that prevents the death of a patient whilst under their care. The fundamental notion that human life is sacred and that killing is morally wrong is applicable to dental treatment, and is supportive of the principle of non-maleficence. The education and training dentists receive empowers dentists to make dental treatment care decisions that follow the principle of beneficence, and dentists are to do all in their powers to treat patients to sustain the patient’s life.

The JDA shall indemnify and hold harmless JDA Executive Committee members, members of JDA Committees, and Staff against all claims and liabilities and all costs and expenses, including attorney's fees, reasonably incurred or imposed upon such persons in connection with or resulting from any action, suit or proceeding, or the settlement or compromise of any action taken or omitted to be taken, in good faith, during such person's term of office. This right of indemnification shall inure to such persons at the time such liabilities, costs or expenses are imposed or incurred and, in the event of such person's death, shall extend to such person's legal representatives.