



## American Board of Oral and Maxillofacial Surgery

### *CANONS OF ETHICAL CONDUCT*

#### **I. PREAMBLE**

##### **C1.1 Introduction**

The practice of oral and maxillofacial surgery (“Profession”) is a recognized dental specialty, approved by the American Dental Association. The Oral and Maxillofacial Surgeon (OMS) assumes specific responsibilities to all licensed/registered health professionals, patients with oral and maxillofacial health and surgical care needs, their significant other(s), the public, associates, and to the Profession itself.

These responsibilities must be discharged with honor and integrity to assure the maintenance of public confidence in the Profession and to protect the patient. For the purposes of these Canons of Ethical Conduct (“Canons”), the term

- “OMS” shall mean any surgeon who has earned, or has been accepted as a candidate for, certification as a Diplomate of the American Board of Oral and Maxillofacial Surgery (the “Board”); and,
- As used herein, “Committee” refers to the Professional Discipline Committee of the Board.

The Board exists to assure the public of safe and optimal care through the development and maintenance of high standards of certification and re-certification of Diplomates in the specialty.

OMSs are responsible for maintaining and promoting ethical practice, including, without limitation, reporting unethical practices in accordance with these Canons. These Canons, adopted by the Board, shall be binding upon all OMSs.

##### **C1.2 Ethics, Custom and the Law**

Unethical conduct may involve violations of customs and usages of the Profession as well as actions that violate the law and regulations. Failure to conform to these Canons, including conduct that violates moral principles, customs and practices of the Profession, the law or regulations, may be subject to disciplinary action in accordance with the “Rules and Procedures Regarding the Canons of Ethical Conduct” (“Rules”).

Disciplinary action depends on the particular circumstances involved and, without limitation, how the conduct in question reflects upon the dignity and integrity of the Profession.

The Committee will take appropriate action, if any, consistent with the Rules. Each OMS has a civic and professional obligation to report to the appropriate governmental body any and all

evidence that may come to his/her attention involving the alleged criminal conduct of any OMS relating to the practice of the Profession.

### **C1.3 Disclosure of Other Agency Actions**

Each OMS must promptly, fully and accurately disclose to the Board any and all investigations, findings, and actions by any government agency, quasi-government agency, licensing board, registration body, or other similar health related agency or body responsible for national, state or local licensing and/or oversight of oral and maxillofacial licenses, health care institutional privileging bodies, certifications, or the like (“Agencies”).

The OMS’s disclosure requirement includes investigations by federal, state and/or private payors regarding existing or potential known or unknown billing malfeasance. Each OMS must make such disclosure to the Board within thirty (30) days from the date of the commencement of action by any Agency. Each OMS must promptly and fully cooperate with the Board and with the Agencies.

## **II. RESPONSIBILITIES TO THE PHYSICIAN AND/OR APPROPRIATELY LICENSED/REGISTERED HEALTH CARE PROVIDER**

### **C2.1 Provision of Services**

The OMS shall recognize the patient’s freedom of choice in selection of oral and maxillofacial treatment and his/her health care provider. Professional affiliations, including employment and referral relationships, may not adversely limit access to services and shall not adversely affect the decision-making process of the OMS. The OMS must adhere to the ethical principles of the Board which shall take preference over business relationships.

### **C2.2 Scope of Practice**

The Board certification examinations are sensitive to areas of general oral and maxillofacial surgery. Passing the Examination verifies core knowledge in the field of Profession. Holding the OMS credential does not confer any permission to manage oral and maxillofacial conditions beyond the scope of the individual’s professional practice. The boundaries of professional practice are determined by state practice acts. Job descriptions and job functions are determined by employing agencies, not the OMS credential.

### **C2.3 Services Not Components of Oral and Maxillofacial Surgery**

The OMS shall only provide oral and maxillofacial services as defined by his/her license and/or any other Agency that determines the scope of services to be provided by the OMS. While additional services may be provided in the management and treatment of a patient with other disorders, they may not be promoted or provided as components of oral and maxillofacial surgery.

### **III. RESPONSIBILITIES TO THE PATIENT**

#### **C3.1 Evaluation and Recommendation**

It is the responsibility of the OMS to recommend oral and maxillofacial care specific to the needs of the individual and to provide appropriate educational and learning information to the patient with such disorders, other healthcare professionals, the public, etc. The OMS shall recognize that each individual patient is unique and deserves specific and responsive guidance from the OMS. The OMS shall be guided at all times by concern for the physical, emotional, social and economic welfare of the patient.

#### **C3.2 Confidential Information**

All information related to a patient's identity, background, condition, treatment, management plan, or any other information related to the patient, is and shall always remain confidential and may not be communicated to any person or entity that is not providing direct medical care to the patient without the prior written consent of the patient, patient's legal guardian or person with a "power of attorney" to act on behalf of the patient.

The OMS, including others with whom he/she has a working relationship, shall comply with the Health Insurance Portability and Accountability Act (HIPAA), including Title II which addresses "Protected Health Information."

#### **C3.3 Trust and Honesty**

The OMS shall be truthful and honest.

#### **C3.4 Fees and Compensation**

The OMS shall provide services based on the needs of the individual receiving the services and not solely for financial gain. The OMS shall not engage in false, misleading or deceptive actions in relation to the ultimate cost of the services undertaken or furnished. The OMS shall not over utilize or unnecessarily continue services beyond the point of benefit or by providing services more frequently than necessary. The OMS shall not submit false or misleading information in requesting payment or reimbursement.

#### **C3.5 Practice Arrangements**

The OMS shall not: (i) directly or indirectly request, receive or participate in dividing, transferring, assigning or rebating any funds derived from a referral of a patient to any other individual or entity, whether affiliated with the OMS or otherwise; or (ii) profit by means of a credit or other valuable consideration, such as an unearned commission, discount or gratuity for providing services, except for the fees earned for services performed for the patient.

The OMS shall refer all patients with oral and maxillofacial care needs beyond the scope of his/her capabilities to the most appropriate provider, taking into consideration the nature and

extent of the problem and treatment resources. If the OMS is involved in an arrangement with a referring source in which the referring source derives income from the OMS's services, the OMS must disclose all pertinent information to the patient, including without limitation that the referring practitioner derives income from the provision of the services. The OMS shall advise his/her employer of any employer or employee practice which is in contradiction with this Canon C3.5.

### **C3.6 Compliance with Laws and Regulations**

The OMS shall provide oral and maxillofacial services in accordance with Federal law and the laws and regulations of the jurisdiction(s) in which they practice.

### **C3.7 Reporting**

The OMS shall report to the Board any conduct that reasonably appears to violate these Canons. This reporting requirement includes, without limitation, self-reporting, and the reporting about other OMSs, in connection with a third party investigation and findings, regardless of whether the investigation has been completed.

### **C3.8 Delegation of Responsibility**

The OMS shall not delegate any task requiring unique skills, knowledge or judgment to an unqualified provider. The primary responsibility for services provided by supporting provider services rests with the delegating OMS.

### **C3.9 Illegal Discrimination**

The OMS shall not decline to accept a patient on the basis of race, gender, color, religion, or national origin or on any basis that would constitute illegal discrimination under federal law.

### **C3.10 Sexual Relations with Patient Prohibited**

The OMS shall not have consensual or nonconsensual sexual relations with a current or former patient under his/her care unless a consensual sexual relationship existed between him/her and the patient prior to the provision of any services or he/she has not provided any services to the patient for a one year period preceding the beginning of the sexual relationship or for a one year period after the termination of the sexual relationship. The OMS shall not engage in, require, or demand sexual relations with a patient incident to or as a condition to providing any services.

### **C3.11 Sexual Harassment Prohibited**

The OMS shall not engage in sexual harassment of employees or colleagues. This includes, but is not limited to, unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature. Harassment is defined as: Behavior that creates a hostile or offensive work environment; or when it results in an adverse employment decision; or when it interferes with collegial or professional relationships.

## **IV. RESPONSIBILITIES TO COLLEAGUES AND THE PROFESSION**

### **C4.1 Dignity**

The OMS has the personal responsibility to conduct him/herself in a manner that will assure the dignity and status of the Profession. Examples of unacceptable behavior include, but are not limited to, falsifying documents, misusing the certification credential, slandering or libeling another, disparaging former employers, disparaging former employees, and misrepresenting one's capacity as a provider of services.

### **C4.2 Solicitation**

The OMS shall not, either directly or indirectly, solicit the patronage of individual patients or students by way of intimidation, threats, harassing conduct, undue influence, coercion, duress, or unwarranted promises of benefits. The OMS shall not solicit a patient who is in a mental condition that impairs his/her personal judgment to make decisions concerning the services being offered. The OMS shall not solicit a patient in a manner that is inconsistent with his/her obligation to act in a dignified manner as set forth in Canon C4.1 above.

### **C4.3 Examination**

The OMS or ABOMS candidates for certification shall maintain the security and prevent the disclosure of credentialing examinations and their content.

## **V. PATIENT CARE BY OTHER HEALTH PROFESSIONALS**

### **C5.1 Concern about Care by Other Health Professionals**

The OMS should exercise appropriate respect for other health professionals. Concerns regarding patient care provided by other such professionals should be addressed directly to those professionals rather than to the patient. In the event that such concerns rise to the possible level of criminal violation, incompetence or malpractice, then the OMS must immediately notify the appropriate credentialing, privileging, licensure, or registration authority and, if necessary, the patient or legal guardian.

## **VI. CREDENTIAL**

### **C6.1 Use of Credential**

The OMS shall use the fact that he/she is credentialed only as evidence of meeting the requisite standard of knowledge and competency in the discipline in which the OMS is credentialed, as defined by the Board. The OMS shall not use the credential to promote any services that are outside the scope of practice of an oral and maxillofacial surgeon, as defined by the Profession.

This does not prohibit an OMS from providing other services for which he/she may be additionally licensed.

### **C6.2 Endorsement of Products, Medication, Devices or Supplies**

While an OMS may recommend the use of specific products including, medications, devices or supplies, the OMS credential may not be used to label, suggest or otherwise infer that such products, medications, devices or supplies have been endorsed by the Board. In the event an OMS has a vested interest in (financial or otherwise) in a specific product, he/she shall make full disclosure to a patient of such an interest.

## **VII. APPLICATION OF CANONS**

### **C7.1 Adherence to Canons**

These Canons shall apply to all OMSs, including certification examination candidates.