ACD Turning 100: Consistent Mission, Responsive Strategies Part II

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Communication Policy

It is the communication policy of the American College of Dentists to identify and place before the Fellows, the profession, and other parties of interest those issues that affect dentistry and oral health. The goal is to stimulate this community to remain informed, inquire actively, and participate in the formation of public policy and personal leadership to advance the purpose and objectives of the College. The College is not a political organization and does not intentionally promote specific views at the expense of others. The positions and opinions expressed in College publications do not necessarily represent those of the American College of Dentists or its Fellows.

Objectives of the American College of Dentists

THE AMERICAN COLLEGE OF DENTISTS, in order to promote the highest ideals in health care, advance the standards and efficiency of dentistry, develop good human relations and understanding, and extend the benefits of dental health to the greatest number, declares and adopts the following principles and ideals as ways and means for the attainment of these goals.

A. To urge the extension and improvement of measures for the control and prevention of oral disorders;
B. To encourage qualified persons to consider a career in dentistry so that dental health services will be available to all, and to urge broad preparation for such a career at all educational levels;
C. To encourage graduate studies and continuing educational efforts by dentists and auxiliaries;
D. To encourage, stimulate, and promote research;
E. To improve the public understanding and appreciation of oral health service and its importance to the optimum health of the patient;
F. To encourage the free exchange of ideas and experiences in the interest of better service to the patient;
G. To cooperate with other groups for the advancement of interprofessional relationships in the interest of the public;
H. To make visible to professional persons the extent of their responsibilities to the community as well as to the field of health service and to urge the acceptance of them;
I. To encourage individuals to further these objectives, and to recognize meritorious achievements and the potential for contributions to dental science, art, education, literature, human relations, or other areas which contribute to human welfare—by conferring Fellowship in the College on those persons properly selected for such honor.

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Cover image: Approaching a century of lighting the way to a stronger profession.
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My concern is that we have not identified the very large pool of actual leaders in the profession and that we could do more to train and deploy the leaders we have.

The American College of Dentists is for leaders. It is an organization of people who are lighting the path forward for the oral health profession. A profession without leadership will revert to so many isolated tradespeople, picked off by commercial interests. There are signs that that is beginning to happen again as it did a century ago before the college was created. The American College of Dentists was not established in 1920 just to celebrate success. Its founding mission was to raise the standards of dentistry by calling out those with leadership capacity and giving them meaningful assignments. Our progress in the past century has been astounding. But the job is hardly finished.

There is so much talk about leadership these days that we might think we are well supplied with leaders. Volunteering for a position in an organization pretty much ensures a half-day of “leadership training.” It is easy to pick up the necessary concepts by reading the many books promising to reveal the ten secrets of successful leaders. The quality of leadership cannot be determined by how many are using the currently fashionable lingo. Neither is it reflected in the number of officer positions in organizations. That is just a function of the number of organizations.

My concern is that we have not identified the very large pool of actual leaders in the profession and that we could do more to train and deploy the leaders we have.

When I listen to leaders and experts address groups, I have one ear on what they are saying and one ear on those they are addressing. The audience-oriented ear is usually more trustworthy. When listeners are engaged, the speaker is effective. I have noticed that this is almost impossible to predict from the host’s introductory recital of the speaker’s past roles and titles.

A central mission of the college is to build leadership capacity for dentistry. John Gies is on everyone’s list as a leader of large stature. At the testimonial dinner marking his retirement from the college in 1937, Gies spoke of his life work as attempting to actualize the potential latent in the profession. Leadership is about converting potential into actual programs for the common good.

I am not an engineer, but I am vaguely aware that there are several kinds of energy. Potential energy is capacity for doing useful work if called upon to do so. Kinetic energy is currently doing work. Spent energy is measured as work that has been accomplished in the past. Analogously, there is potential and active leadership and the leadership by previous examples. Dentistry is currently in need of all three types of leadership.

The fellowship focus in the first decades of the college was on potential energy. The need then was for leaders in education and research, and
fellowship was intended to bend the trajectory of the profession in that direction. Fellowship was supposed to represent the potential of a new profession. As Thomas Hartzell of Minneapolis put it at the founding meeting, “There is no reason for creating an honorary organization to honor the older men in the profession…The principle function of this little group is to create something that will stimulate growth, and if it won’t do that, it is not worth much.”

Certainly the number of young men and women with the potential to change dentistry for the better is larger than the few we invite to fellowship each year. In my quarter-century with the college, I can think of no fellow about whom we would say, “he or she was inducted before they were ready.”

Active leaders are the lifeblood of the college. These are dentists who are pointing out opportunities, encouraging engagement, supporting participation, and thus influencing policy. They are officers or committee members in schools, components, service groups, and public organizations that bring the values of the college with them to the table. The college does not so much change dentistry as prepare and encourage leaders to do so in a thousand different ways and places. When others are drifting in self-serving ways, ACD fellows speak naturally and convincingly from the coincidence of their conscience and the ideals of the college.

The vitality of the American College of Dentists depends on a balance of potential, active, and previous leadership. Currently, the fellowship of the college does not reflect that balance.

There is also “spent” energy. And it is a marvelous thing when well spent. The college is rich in examples of careers in leadership that serve as models and inspiration for others. Half of the fellows of the college are in the life-fellow category. They represent a collective pool of wisdom and experience waiting to be tapped. They may have retired from active practice. They have not retired from engagement in the profession.

The vitality of the American College of Dentists depends on a balance of potential, active, and previous leadership. Currently, the fellowship of the college does not reflect that balance.

An obvious place to begin building the needed balance is with the nomination process. Leaders will nominate those for whom they are mentors and role models. They will build the future of the college. Others will nominate their friends. A recent report of the Credentials Committee noted that the new digital nomination process has made the process easier by electronically transferring over to candidate the task of posting their past roles and titles. What the committee would like to see more of is the nominator’s narrative describing the impact of the candidate.

More is needed than picking winners based on their past performance. The founders frequently used the term “encourage” meritorious accomplishment. That signaled an obligation to work the ground and not just to wait for the harvest. It is unfortunate when potential leadership remains potential because there was no mechanism to convert it to actual leadership. It is equally unfortunate when previous accomplishments are thanked and then taken for granted or only acknowledged by awards for years of membership. The college has a current need to convert potential to active leadership.
To The Editor:

I appreciated the guest editorial in volume 85 of the *JACD* by Dr. Ken Randall. Dr. Randall addresses the need for “measurable results” that will allow us to determine if we are being effective in fulfilling the mission of the college. I am writing with a suggestion for the leadership of the college to consider.

First, some background. I have had the privilege of serving in the peer-review system for the California Dental Association for more than 20 years. For the past six years this experience has included serving on the oversight council for the CDA at the state level. My incentive to write this letter is borne out of my peer-review experience.

Over the past ten years or so there has been a disturbing trend in the type of cases we are seeing. Obviously, for a case to arrive to peer review, the dentist must be a member of the American Dental Association and the patient has perceived that the treatment did not turn out as they expected, or possibly was the wrong treatment to begin with. What we are seeing now, with increasing frequency, are very large cases involving many specialty types of treatment, being done by general practitioners. This in itself is not a problem. General practitioners can certainly do any and all specialty procedures that they are trained to do and are within their abilities. And therein lies the rub.

The cases we are seeing suggest that some of these practitioners are likely working well outside of their training, abilities, and comfort zone.

There are likely many reasons that a general practitioner would take on a case that might be outside his or her ability. My concern is that most of these reasons will relate to economics and not be based on working toward the patient’s best interest.

I would suggest to the leadership of our college the following:

1. Stress the need for dental school admissions committees to develop and ask tough questions in the areas of ethics and values. Let’s do what we can to ensure the people entering our profession will always act in the patient’s best interest.
2. Develop and implement courses on ethics and ethical decision-making abilities to be a part of all dental school curricula.

Can we measure these results in practice? I believe we can. Start by gathering data on peer-review activity by the states that offer this program, as well as gather data from the state boards on complaint activity. As the educational programs are implemented in the dental schools, we can continue to track the data and look for improvements.

Certainly, this is quite a large project, but I believe it fits the mission of the ACD. I hope our leadership agrees.

Tom Wuesthoff, DDS, FACD
Westlake Village, CA
toothdoctom@gmail.com
Response

I’d like to thank Dr. Wuesthoff for his interest and enthusiasm in helping the college develop measurable metrics with which to assess our progress in improving ethics within the profession.

Everything Dr. Wuesthoff suggests is worth doing. Perhaps the college has not been as vocal about what is already in place already to address these valid concerns.

The ACD currently has a large repository of courses and resources about dental ethics on its website, www.dentalethics.org. These resources are free to anyone who would like to use them. They are approved for CE credit. The program was launched in the early 2000s. More than 15,000 to 20,000 courses have been completed each year for the past five years. Many of those using the material do so as part of the ethics curricula at dental schools across the country. The college also has an online ethics assessment tool that schools use to orient and screen candidates applying to dental schools. I’d encourage all fellows to browse the site and take a few courses of interest and try to answer the challenging ethical issues we raise for potential students.

I’d also like to note that graduates of all dental schools in the United States “must be competent in the application of the principles of ethical decision making and professional responsibility,” per the Commission on Dental Accreditation standard 2-21. This has been in place since the 1990s.

Isn’t it interesting that many perceive the profession to be less ethical today despite the increase in formal ethics education of our students? Is ethics education sufficient to address the need? The research study of disciplined licenses published last year in the journal suggests that overtreatment and other such abuses of patients are a function of what one’s colleagues will allow.

If we have had more peer review and dental board investigations over the past 20 years, does that mean that there are more bad outcomes? More litigious patients? More policing of the profession by itself? Are more reported incidents a good or bad thing from an ethical standpoint? Is it ethical to have a bad outcome? If so, under what circumstances? These and many other questions are currently being evaluated by the ACD. The regents have requested a comprehensive report on ethics in the profession which will be released within the next few months.

There certainly appears to be no perfect answer for measuring ethics. If we can’t measure it, though, how do we know that all of the time and resources the profession has been investing are worth it? Is there justification for raising additional funds, dipping into reserves, or using other additional resources if we have identified strategies that truly make an impact? How do we know when we’ve made an impact?

Dr. Wuesthoff is right: We must promote ethics. We also must have programs and resources in place to assess the quality of care that is provided and to ensure that all of us can be proud of what our colleagues are doing. And we must be ready to act based on what we measure. Thanks for continuing the discussion.

Ken Randall practices in Hixson, Tennessee; ken.randall444@gmail.com.
We have a full agenda and can look forward to two days of thoughtful discussion and developing meaningful action plans to move the college forward. That’s Action Plan with capital letters. I would like to share a quote from the CEO of Southwest Airlines which can be the theme for our meeting: “A strategic plan is doing things!”

First, a warm welcome to our three newcomers: Carole Hanes: regent, Regency 3; Erik Klintmalm: regent intern; Toni Roucka: American Society for Dental Ethics liaison.

Some of What I Have Seen

Upon my return home from the meeting in Hawaii, I floated the concept to the New York Section to consider having local SPEA leaders on their board as non-voting members, and they jumped at the opportunity. I went to the Touro dental school for a joint dental-medical school ethics event sponsored by the Student Professionalism and Ethics Association (SPEA). The speaker was a medical bioethicist presenting cases involving adolescents and informed consent. Then off to Chicago, or so I thought, to meet with the SPEA executive board. Instead, I spent almost seven hours in a cab in a snowstorm trying to get to the LaGuardia airport and back home. The fare was $198. Pam Alston, chair Northern California Section, invited me to come a day prior to their section meeting to give a SPEA lunch-and-learn at University of California, San Francisco. I modified my presidential address for SPEA students: “Steps you can take to feed your passion for dentistry,” emphasizing lifelong learning, participation, and engagement. Pam then took me to meet with Dr. Ben Deinstein, the oldest living fellow at age 103, and his wife. Arlene and I had a delightful visit to Charleston for the Carolinas Section with the Millers and Stilwills and our gracious Southern hosts, Pat Blanton and Theresa Gonzales. At the Regency 1 Leadership Meeting in Boston with section fellows and student leaders, we had terrific discussions about what each is doing and how we can move forward together. There were also stops at the Academy of General Dentistry and Greater New York Dental Meeting, where they were pleased to see the ACD interest by our presence. This

Dr. Connolly is the ACD president and a practicing periodontist in New York, New York.
gives us an opportunity to interact with their leaders and meet others from the National and Hispanic Dental Associations. Then the most exciting meeting of the year came at the American Dental Education Association meeting where I witnessed the amazing work our educators are doing with teaching, diversity, and licensure testing without live patients.

**Reality Check**

But then along the way, reality sinks in. I was sitting at a section with 17 fellows that all looked like me and were as old or older. I said to myself, this section will not be here in 10 to 15 years! Where is the diversity that I see with each incoming fellowship class that walks across our convocation stage? How can we encourage new fellows as well as existing fellows to engage in section activities? Emails and letters are not enough and are too easily ignored. Section chairs can reach out to sponsors and new fellows with a phone call to attend the section annual meeting to be recognized and meet other fellows.

Sections should make their meeting more attractive by changing the meeting time, adding programs with non-dental speakers and events, and by taking advantage of what their locale has to offer. We can engage our ACD senior dental student awardees and track their progress after graduation. We can help all of our emerging leaders stay connected during the gap from graduation to fellowship. Finally, it has been my goal to have section officers involved with a leadership program at our annual meeting.

**And More**

Our Executive Committee has had Zoom video conferences every two months between our BOR meetings. These provide face-to-face communication. Pictures are worth a thousand words!

Our task forces will be small for efficiency’s sake. By placing the vice president and president-elect on these task forces, we will ensure continuity of communication. We will also be establishing regular channels for sharing information with our sister groups.
The Guiding Light

Reflections on the Profession through the Lens of the ACD Leadership

Theresa S. Gonzales, DMD, MS, MSS, FACD

Abstract
As the American College of Dentists approaches its centennial, Executive Director Theresa Gonzales looks back at some of the themes that have defined the identity of the college. This is done through the lens of presidential addresses. Representative speeches from the past century sound the themes of ethics, national unity, leadership in the profession, the ideal of service, a catalyst for change, strengthening the scientific base, challenges to education, overtreatment, tipping dentistry toward professionalism, and the need for leaders in ethics. The emphasis has reflected responsiveness to changes in society and the evolution of the profession. But a constant theme has been the role played by the college in lighting the path forward for the profession. Six of these speeches are reprinted in this volume. Eight others appeared in the first number of the Journal in 2013.

"Probably never before have so many perplexing problems confronted the dental profession. In this critical period, the effective solution of these situations is essential if dentistry is to maintain not only its professional standing but its very existence." —Bissell Palmer, DDS, FACD

This is a familiar theme for the profession of dentistry and one that is regularly addressed in the presidential remarks made by leaders in dentistry over the past century. It might surprise you to learn that this quote was taken directly from Dr. Palmer’s presidential remarks to the attendees at the American College of Dentists Convocation in St. Paul, Minnesota, on August 5, 1934. The college had been in existence for 14 years and Journal of the American College of Dentists was in its inaugural publication year. To be sure, during that formative period, much had been done to address emerging threats and to establish standards for dental education, journalism, and research. In general, the college was able to identify and engage the prevailing threats well in advance of other organizations, many of which were charged with this responsibility. Their concern was omnipresent and the leaders of the college were determined to preserve the autonomy of the dental profession by strict adherence to the foundational tenets of professionalism.

The Ethical Core
Dr. Palmer identified “ethics” as an organizational imperative in his 1934 address to the attendees. This excerpt is particularly relevant as it was given during the Great Depression and before the outcome of the economic calamity was known. “The college has indicated that it is progressive in its views on social and economic changes, but the fundamental concepts and ideals of a health-service profession do not change with changes in economic conditions. That which is improper, distasteful, and unethical in prosperous periods is equally so in times of economic stress. Any practitioner can be ethical when being so involves no hardship or sacrifice. Remaining ethical under stress of worrisome times, however, differentiates the truly professional man from his opportunistic fellow practitioner.” (See Journal of the American College of Dentists, 2013, 80 (1), 6-12 for Dr. Palmer’s address.)

In addition to regularly confronting the fate of the profession in the presidential speeches, a secondary leitmotif emerges that is intricately woven into the narrative history of the college. The theme centers on the notion of “light” or illumination, with the tacit assumption being that if we can see the opportunities or obstacles, then we can make the necessary adjustments on the behalf of the profession. The founders of the college expressed a near-parental pride in their ability to negotiate the terrain...
as dentistry emerged from a trade to a learned profession.

**American’s New Role in the World**

As America transitioned from the Great Depression to its reluctant entry into the Second World War, new challenges were on the horizon. From 1942 to 1946, the college suspended its national conference program and fellowship was granted at regional venues. During his 1945 presidential address on the occasion of the 25th anniversary of the founding of the American College of Dentists, Dr. Malcom W. Carr reminded us of the unique role of the college. While “it is appropriate, however, to contemplate a few of the outstanding contributions which have had far-reaching effects and to give credit to those who have contributed with high purpose to the success of these achievements…We now face a new era. The greatest and most destructive war of all time has come to a close, bringing to our country and to our profession, and to this college, increased responsibilities and obligations in new fields of endeavor—and new and greater opportunities for service. American dentistry has served in every part of the world and everywhere it has met the challenge of a great and compelling opportunity. It shall play its part in the reorganization which is to follow and may well be an important factor in the many ramifications of the problems of reconstruction and rehabilitation, education and medico-dental relations, public health and the dissemination of information for the public. We must accept the challenge of the changing world and endeavor to lead the profession to ever greater heights of achievement in spite of the difficulties along the path. The magnitude of the problem may well serve as a stimulus to our best efforts.”

Dr. Carr’s remarks were chillingly prophetic and he went on to describe what would become known as “interprofessionalism” in the 21st century. WWII had a significant impact on the development of dentistry. It greatly influenced the establishment of children’s and hospital dental services, championed the role of dental hygienists and dentistry in the National Health Service in England and government-supported programs in the United States. The leadership of the college instinctively understood its role in the new world order and the importance of access to care and public policy. At this point, the leadership of the college opened the organizational aperture and shown a light on public policy, prevention, and access to care for the disenfranchised.

**The College as Catalyst for Change**

Through the post-war haze, America entered into a new period of unprecedented prosperity. The GI Bill extended educational programs for those who had served in uniform. These economic opportunities, combined with the “Baby Boom,” signaled an emerging and thoroughly modern America. Willard Fleming, in his inaugural address as president of the college in 1951, had this to say: “In assuming responsibilities for study and research within the realm of our objectives, the members of the college have been recognized as leaders in the profession. Leadership is our birthright, and our stated objectives are a measure of our ideals and standards.” Fleming continued, “Leadership in the dental profession has characterized our actions, and expediency has rarely
taken precedence over the principles of right action. In addition to leadership, the college serves the profession at times as a catalyzer to speed up certain actions and progressive development, and again as a governor to control too hasty action. One of its most important functions is to initiate and contribute thoughtful studies of various problems through the action of its nationally constituted committees.”

The Bearer of Ideals

American dentistry in the Age of the New Camelot reflected a powerful American optimism and ushered in a period of American exceptionalism which necessitated a new style of leadership. Dr. Philip E. Blackerby in his presidential address in 1963 stated that, “The college must be a symbol of the ideals that have made our profession great. As fellows it is our duty to uphold and promote these ideals. The college should be a catalyst, stimulating and facilitating intra- and interprofessional reaction that serve the cause of progress. As fellows, too, we must find ways of exerting our individual catalytic effects on those around us who are potential contributors to the advancement of our profession. The college should be a stabilizer, helping to provide the weight of solid truth and objective judgment that will balance the forces of extremism that can threaten the solidarity and the future of our profession. And the college should be a resource, a court of appeals, in a sense, to which the profession can

Dentistry’s Contributions to Society

This sentiment is best captured in the words of Dr. Otto Brandhorst: “This, then, is the American College of Dentists—a not-for-profit organization, serving the profession by promoting its standards and ideals—all in the interest of the public whom the profession is privileged to serve.” These actions provide the background for enlightenment and expansion of public policies.

On July 20, 1969, the world was transfixed by the lunar landing and the Apollo program afforded the inspiration for scientific discoveries in space and on earth. The areas in which space-age technologies benefited society can broadly be defined as: health and medicine, transportation, public safety, consumer goods, environmental and agricultural resources, computer technology and industrial productivity. Dentistry, like all of health care, would be the beneficiary of these new technologies that revolutionized ambulatory outpatient practice. The Great Society programs of the Johnson administration produced a new wave of optimism in America. Sadly, this wave of optimism was short lived. While Johnson dreamed of a “Great Society,” his presidency was haunted by the specter of Vietnam. Much of the funding he hoped to spend on social reforms went towards the prolonged war in Southeast Asia. In 1970 at the 50th anniversary celebration, President Otto Brandhorst summarized the challenges facing the profession as follows: “Since the dental profession is an essential part of the fabric of our national life, it must necessarily be concerned with the many that exist in this rich and troubled nation: activism, dissent and violence. The apparent national and widespread public discontent with the health professions and with the delivery system for health care; the new insistence on the part of the public that it must have a strong, if not major, voice in the revision of our health system; the consternation of a naive government at the rising costs of healthcare programs. This challenge is to the profession’s capacity for leadership and wisdom, for foresight and innovation, for courage to move in new directions, for the removal of the restraining bonds of fear which forbid all change and canonize the status quo, for the open debate and discussion which lead to the establishment of sound policies and programs and to unity and strength in the profession.” The Journal of the American College of Dentists devoted to the 50th Anniversary celebration was aptly entitled “A Beacon of Light for 50 years.” Dr. Otto Brandhorst continued to serve the college, and he has the distinction of being the
longest-serving secretary/executive director. His tenure was from 1936 to 1969 after which he was elected president of the college.

The Science Base
In his 1987 address to the convocation, Dr. Maynard K. Hine, chancellor emeritus of Indiana University, speculated on the future of dental practice in the United States. “In the future, dental practitioners must be prepared to adapt to advances in dental science and to changes in demands for dental care. I believe the practice of dentistry in the foreseeable future will resemble current practice more than it will differ, but there will be a change in emphasis. There will be newer and better techniques and materials to be used in administering dental care. I believe the thoughtful, conscientious, energetic dentist who ‘keeps up to date’ and gives the welfare of his patients high priority, will enjoy a successful and satisfying career. We should help develop a profession whose members are all dedicated, highly ethical practitioners, completely up to date, with their only concern the welfare of the public. I fear that this is an ‘unfinishable’ task, but we can make progress toward these goals by our own actions, and this I challenge you to do.” Dr. Hine gave us a glimpse of what patient-centered health care would look like.

Strengthening Education
In 1995, the college celebrated its 75th anniversary and President-elect Prem Sharma took a familiar posture in his address to the audience. “Today, our profession faces challenges unmatched in its illustrious history. The very structure of American dentistry is in danger of being undermined. We live in turbulent times; we must confront the challenges and find effective solutions.” He identified many concerns, but his most pressing of these was summarized in these terms: “Over the past decade, many dental schools in the nation were shaken by internal and external forces. For some, the results were catastrophic. During the late 1980s, the number of applicants to dental schools started dropping precipitously while operational costs continued to skyrocket.” Dr. Sharma’s concern was soon to reach a fever pitch in the profession, and even when enrollment rates began to normalize, the operational costs did not. Dr. Sharma shed a light on the escalating costs of dental education and effect that might have on the dental workforce. Justifiably, these rising costs and the student loan debt associated with them are a major concern for both students and their families. One direct result of this concern is that those individuals who desire to pursue a postgraduate degree have become more discerning consumers when evaluating their educational and career choices.

Personal Responsibility
At the turn of the 21st century, President Richard “Dick” Bradley acknowledged “as we enter this new century, it is obvious that many problems and issues still need to be addressed by the dental profession, and in turn by the ACD, in order to sustain our important role in the health care of the nation. We need to continue to support dental education in efforts to incorporate an understanding of what professional
ethics means and how important it is to the proper treatment of our patients. With the development of so many advances in technology, treatment procedures, and diagnostic improvements, overtreatment is beginning to rear its ugly head in both medicine and dentistry. The college is painfully aware of certain trends in the behavior of some of our colleagues that result in both over- and undertreatment, in the increasing incidence of what is called the ‘provider effect’ (that is, performing treatment that the dentist enjoys but not necessarily what the patients need) in being the spokesperson for certain types of dental products that have not been authenticated by valid research and by performing procedures beyond the dentist’s training and ability. These behaviors therefore, among others, make it essential that we focus attention on ethics early in the career of the dentist. ” The American College of Dentists committed to this charge and launched the online dental ethics program. This program provides 44.5 hours of ethics training at no cost to the participant. To date, more than 132,000 ethics courses have been accessed through this online portal.

As never before, dentistry is in need of leaders who will lead from the front.

Professionalism
In 2012, President Patricia Blanton opined that “dentistry was at a tipping point.” Her comments were informed by the Institute of Medicine Report and the release of Dental Education at the Crossroads in the mid-1990s, as well as her myriad leadership roles in organized dentistry. She reminded the audience of the founding principles of the college and the importance of its current role. Dr. Blanton continued, “It is generally acknowledged that, over the last century, dentistry has several times found itself at a crossroads. These are situations where challenges and opportunities must be balanced and where the choices made determine the future. But today, I see the issues to be sufficiently great to place dentistry at a so-called ‘tipping point,’ to use the words of contemporary author Malcolm Gladwell. I think we all agree that the healthcare professions face unprecedented challenges as part of the national debate on healthcare reform; and all this is occurring at the same time that third-party and for-profit entities are applying pressure to dentistry. As never before, dentistry is in need of leaders who will lead from the front.” Over the years, the American College of Dentists has addressed many if not most of these issues in its nearly one-hundred-year history and has provided the necessary leadership to confront those challenges. The American College of Dentists has always understood that the purpose of leadership is to lead. She cautioned us not to take steps that merely preserve the status quo but rather to advocate fearlessly. She closed with the words of scholar and anthropologist Margaret Mead, “Never underestimate that a small group of thoughtful people could change the world. Indeed, it is the only thing that ever has”. For Dr. Blanton, the college is and always has been that “change” agent.

Ethical Responsibility
In 2018, in his inaugural address, President Thomas J. Connolly talked about the rights and responsibilities of professionalism. He reminded us of the need to belong and to embrace the “ethics of responsibility.” He quoted from the widely acclaimed book Bowling Alone and suggested that America must reinvent itself civically, and that the noble professions must commit to a strategic reset. He returned to a common theme of the college that has developed over nearly a century and that is “to light the path forward for the profession.”

Our forebears in the American College of Dentists had faith that dentistry would ultimately reach the highest professional status and their collective achievements were directed toward this goal. History has shown that their efforts were not in vain, for dentistry has fulfilled their “faith and their high purpose for service.” In our next century of service to the profession and the public we serve, the American College of Dentists will endeavor to continuously light the path to a better profession. American surgeon and public health researcher Dr. Atul Gawande reminds us that “better is possible,” and that better is a journey not a destination. I think that it is appropriate to close this article with the Aristotelian quote, “It is during our darkest moments that we must focus to see the light.” The American College of Dentists has illuminated the way for nearly one hundred years and there is no sign that this trend is abating.
RESPONSIBILITIES AND OPPORTUNITIES IN THIS CHANGING WORLD

MALCOLM WALLACE CARR, DDS, FACD

American College of Dentists Inaugural Address, 1945. Prepared to be read at sectional convocations because of the war.

It has been said that an institution is but the lengthened shadow of a man. This college is now the quarter century-long shadow of a few dental leaders with visions of the future, who, in Boston in 1920, first brought forward plans for its organization.

I acknowledge with grateful appreciation your expression of confidence in conferring upon me an outstanding honor, the presidency of the American College of Dentists. In accepting this stewardship, I am deeply conscious of the attendant responsibilities and obligations of high office, and I bespeak your kindly tolerance and your generous cooperation, that this mantle which has descended upon my shoulders from my distinguished predecessors, be worn with no diminution of luster.

This year is the twenty-fifth anniversary of the founding of the American College of Dentists. It has been said that an institution is but the lengthened shadow of a man. This college is now the quarter century-long shadow of a few dental leaders with visions of the future, who, in Boston in 1920, first brought forward plans for its organization. The college “was established to promote the ideals of the dental profession; to advance the standards and efficiency of dentistry; to stimulate graduate study and effort by dentists; to confer fellowship in recognition of meritorious achievement, especially in dental science, art, education and literature; and, to improve public understanding and appreciation of oral health service.” (Constitution: Article I)

The objects of the college have been well served. There was a need, and there continues to be the need now more than ever before in the history of dentistry, for dentists to band together for mutual support, for the elevation of the standards of dental practice and to declare their purpose to maintain dental education in its present university pedagogical position to improve methods and standards of teaching; to bring into dentistry students qualified to become professional men; and, to extend to the population increased dental care without any sacrifice of quality of service or diminution of individual or professional free enterprise.

During the past quarter of a century the college has made notable contributions to the advancement of the dental profession which have had far-reaching effects. Review of the executive proceedings, the reports and recommendations of committees, the annual programs and the published literature of the college demonstrates achievement in many directions, of which we may justly be proud.

I shall not attempt to describe the many accomplishments of the college during this comparatively brief period of time. I leave that task for future historians to catalogue and to evaluate. It is appropriate, however, to contemplate a few of the outstanding contributions which have had far-reaching effects and to give credit to those who have contributed with high purpose to the success of these achievements. From its very beginning the college has championed professional journalism and has forcefully and militantly pursued its conviction in support of professionally controlled journals.

A report of the Commission on Journalism of the American College of Dentists was published in 1932, under the title of, The Status of Dental Journalism in the United States. This report was a monumental contribution which presented the subject for the first time in a complete monographic form and embraced the results of an intensive three-year study. The impact of this report upon dental journalism, and the changes brought about since its
publication may well reward the Commission on Journalism for its heroic effort and the college for its encouraging leadership. In 1933 the Journal of the American College of Dentists was founded and since its beginning this journal has been a living example of dental journalism at its highest level.

In more recent years the college became aware of the many unmet needs for more and better dental care which exist in all parts of this country. It recognized also that really adequate and competent dental care are beyond the financial resources of an appreciable proportion of the population. Persuaded that these needs must be met and the conditions corrected, the college undertook to study the ways and means this may be achieved. Although the problem is acknowledged to be both enormous and complicated, the Committee on Socio-economics

set out to initiate a study which would be helpful in understanding the fundamentals of the problem, and as the result of its efforts published in 1943 a volume entitled, *Cost of Dental Care for Adults under Specific Clinical Conditions*, which was an exploration of general issues, on the basis of initial and maintenance care experience of 485 patients of the Dental Health Service in New York City. This volume was dedicated to the “fulfillment of the ideals of adequate dental care as a health service for the entire nation.” It may well be remembered that it was Virgil who said, “The noblest motive is the public good.”

These publications are but two specific examples of outstanding contributions made by the college to advance the standards and efficiency of dentistry and to promote public health. Recommendations contained in other committee reports and original articles published in the *Journal* have also had initial effects and influential results in advancing standards of the clinical practice of dentistry and its specialties, and in improving medico-dental relations.

The college assumed leadership more than ten years ago in recognizing the growing importance of dental service as an integral part of modern hospital organization, by publishing in the *Journal* the first complete monograph on the subject with a systematic plan of management, and later by the creation of the Committee on Hospital Dental Service. The continuous efforts of this committee, and the loyal support of others who have had an abiding interest in this mode of health service, have been largely responsible for official recognition recently given this subject. The Council on Dental Education and the Hospital Dental Service Committee of the American Dental Association are now engaged in formulating minimum standards of hospital dental service required of approved hospitals, and essentials of an approved dental internship and of an approved dental residency. It is anticipated that in order for a hospital to be approved by the American Dental Association, that hospital shall be required to present evidence of its ability to meet the basic standards of hospital dental service and the essentials of dental internship promulgated by the American Dental Association, and that a list of approved hospitals meeting these requirements will soon be available.

It is not possible here to mention the many other contributions and accomplishments of the fourteen standing committees of the college, but it is certain that the present position of leadership which the American College of Dentists now occupies in American dentistry is due largely to the diligent and effective work of its standing committees and to the tireless efforts of the individuals who compose them.

During the past twenty-five years the college has indeed shown satisfactory growth in both strength and influence and it has not only reflected the progress of the profession but has contributed notably to the advancement of dentistry. We may, therefore, thoughtfully
contemplate the philosopher’s words that, “The heritage of the past is the seed that brings forth the harvest of the future.” Dentistry has an honorable and a century-old heritage of truly great achievement and service, of which we of this generation are the grateful beneficiaries. We must guard this heritage for future generations to utilize for even greater accomplishment and make certain that our capacity for service remains unhampered and unobstructed by retrogressive experiments in education or by radical social change.

We now face a new era. The greatest and most destructive war of all time has come to a close, bringing to our country and to our profession, and to this college, increased responsibilities and obligations in new fields of endeavor—and new and greater opportunities for service. American dentistry has served in every part of the world and everywhere it has met the challenge of a great and compelling opportunity. It shall play its part in the reorganization which is to follow and may well be an important factor in the many ramifications of the problems of reconstruction and rehabilitation, education, and medico-dental relations, public health and the dissemination of information for the public. We must accept the challenge of the changing world and endeavor to lead the profession to ever greater heights of achievement in spite of the difficulties along the path. The magnitude of the problem may well serve as a stimulus to our best efforts, for as Browning so truly said, “But a man’s reach should exceed his grasp or what’s a heaven for?”

The revolutionary forces in society are demanding adjustments of public health agencies to the new order and it is proposed that the state assume responsibilities for the security of the individual, including complete medical and dental care, from infancy to the incapacitation of senility. Already we are embarked upon such a program and with little regard for the truism, “That security at the hands of the state and freedom as we have known and valued it are incompatible.” We must realize also that as a nation we are without sufficient experience to proceed forthwith on any large and embrace medical and dental care program and that initial and maintenance costs for an all-inclusive health security program would stagger the imagination.

It is apparent, however, that ere long we shall have to reckon with the problem as it affects our profession and, in consequence, the public health and welfare. The profession must meet the demands of the new social order with ever-widening spheres of forceful influence, and with constructive recommendations and programs for extending and improving the quality of dental care to ever-increasing proportions of the population. We must remember and strongly emphasize, however, the fundamental realities of cause and effect, the value of leisurely evolutionary progress, the danger of abrupt and revolutionary change, and the value of freedom. We inherit the right to speak when we sense any threat to our freedom or our freedom to serve the needs of man as we may determine. The times calls for candid, honest and courageous leadership—a leadership based upon truth, because dentistry has no small part to play in this changing order; it has the primary obligation of safeguarding to a certain extent the public health.

In contemplation of this problem the profession and this college must make provision to be informed on the nature, quality, and direction of the economic and social changes that are taking place now and that are clearly forecast for the immediate future; to define in particular how these changes are likely to affect dentistry in its various aspects; to determine how the best elements in the science of dentistry and in its services to the public may be preserved and embodied in whatever social order may develop, so that ultimately the best possible dental care may be made available to the largest number of persons at the most economical costs.

Many other problems confront us in this changing world but notably that of dental education. If American dentistry is to maintain that freedom of action which has given to our country the highest standards and quality of dental care anywhere in the world, we must guard against domination from any direction which may affect seriously many long-established practices of proven value in dental education and practice. If perforce, dentistry should become the legally adopted stepchild of medicine and the dentist become the hireling.
of the state, with his future on the one hand entirely dominated, and on the other hand, dependent upon political favor, would not the scientific and humanistic qualities of the profession tend to shrink and perhaps wither away? To these problems the college cannot remain indifferent.

Dentistry is indeed an important mode of health-service, and the relation between medicine and dentistry and their mutual interest as servants of the public health imply an interrelationship and an interdependency of the two professions; it implies cooperation, effort

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to understand the problems of each other, close affiliation and integration but not absorption or domination of one by the other. Scientific humanism is a term which has been used to describe the “sacredness of scientific progress in the promotion of the welfare of mankind,” and scientific progress has developed largely as the result of intellectual independence. Herrick stated that, “humanism has a two-fold meaning: On the one hand it implies a sympathetic approach to one’s fellow man and his problems, a sense of his needs, his inspirations, and his aspirations; it practices faith, hope and charity; on the other hand, humanism includes that which may be termed culture, a knowledge and appreciation of the stored wisdom and experience of man.” These words are no mere overtones; they express a fundamental philosophy in the yet uncompromised symphony of medico-dental relationship. Dental education, practice and research have extended deeply into collateral fields, both mechanical and biological, and it is no wonder that today we find ourselves in a confused and transitional state. Our problem is both complex and difficult, but when a complex problem is broken down into its component parts and each part examined separately, the solution of the problem frequently is facilitated. The fundamental approach to the problem of medico-dental relations in both education and practice is a mutual appreciation and acceptance of the philosophy of reciprocal humanism on the part of both medicine and dentistry.

As the mist and fog of this transitional era, through which we are now groping, are burned away by the radiant force of truth and humanism, a new horizon will be more clearly visible and horizons will ever extend as we endeavor with high purpose and earnest effort to unselfishly serve mankind.
Seventeen years ago, when I was invited to become a fellow of the college, things looked much different to me than they do tonight. The differences are both real and relative. Things have changed, of course. But a part of the difference reflects the changes that have occurred in me — in my viewpoint, in my vantage point, and in my evolving sense of values. In 1945 dentistry, like the college, had certain meaning to me; tonight, even if dentistry or the college had not changed at all, they would look very different to me because of the modifications over the years in my own mental processes.

But dentistry has changed to a remarkable degree. And these alterations, as I endeavor to interpret them, may be colored or distorted by my personal experience and its influence upon my judgment and my powers of discernment. Be that as it may, the image I perceive of dentistry today is one of social significance, of technical complexity, and of enlarged scope that defies comparison with the mental picture I held less than two decades ago.

The change that has taken place in dentistry is characteristic of our time. Change is the law of life, but the rate of change has shown a fantastic acceleration since World War II. The great historian Toynbee reminds us that, “Change cannot be brought to a halt. To try to halt change is to court an explosion. The constructive way dealing with the inevitability of change is to make changes voluntary before they impose themselves. The earlier we take action, the wider will be our range of choice.”

The scientific and technological revolution of today will continue to have its dramatic effects on dentistry, as well as on every other element of our society: effects that are social, economic, and ethical — both direct and indirect — as well as technical. As members of a health profession, we must be prepared not only to adjust to constant change, but to demonstrate vision and statesmanship bringing about the kinds of change in dentistry that will be in [the] best interests of both the public and the profession. And as citizens of a great nation, we must contribute our total talents to what Toynbee calls the “revolution in mass expectations” and which he suggests may cause our era to be remembered not for nuclear energy or space rockets but “as having been the first age since the dawn of history...in which people dared to think it practicable to make the benefits of civilization available for the whole human race.”

Therein lies a tremendous challenge to dentistry — to supply the leadership, the manpower, and the skill needed to bring the benefits of modern dental health care to people everywhere. As a young profession, which has yet to prove its entitlement to universal public acceptance and respect, we can be satisfied with nothing less than our utmost effort to serve all who need our services. If optimum dental health is desirable for the educated and the well-to-do, then it is a realistic goal for those who are less fortunate, as well. If dental care is procured annually by only 40 per cent of our United States population, it is not surprising that a much smaller proportions of the people in many other countries are enjoying the benefits of such care. No nation can boast of its high standards of health care when but a fraction of its dental health needs are being met.
That which challenges dentistry is a clear challenge to this college [as] well. Our responsibility, in fact, is greater than that of the main body of the profession because of the very nature of the college and its membership structure. Leadership is the principal criterion of eligibility for fellowship in the college—so we must expect far-above-average performance on the part of the college in dentistry’s efforts to meet the challenges and problems that confront the profession now and in the future. Our contribution must be one of dynamic leadership—a pooling and purposeful focusing of all the resources of the college in well-guided activities devoted to the advancement of dentistry and the dental health of the public.

While there may be a natural tendency for each of us, after election to the college, to relax our efforts and bask in the reflected glory of the great honor that has come to us, this is a luxury that is hardly consistent with the purposes and ideals of the college. Certainly, we can never afford to indulge in the hollow mouthings and chest-thumpings of a mutual-admiration society.

Whenever we tend to feel content and self-satisfied, let us remind ourselves that a man all wrapped up in himself makes a mighty small package. We must do more than talk a good game or reminisce about former days of stardom. We must continue to play the best game of which we are capable. Our committees should never be content with the shuffling of papers and the production of pious-sounding annual reports. Our Sections’ responsibilities cannot be satisfied with only [a] yearly dinner meeting that serves largely to tickle their members’ egos and set them apart from the rank and file of their professional colleagues. Every member of the college has made an important contribution to dentistry and, in accepting the honor of fellowship he has committed himself to continue the leadership role he has dedicated his ability to fulfill. “To rest on achievement is a denial of creativity and an invitation to stagnation.”

Unlimited opportunities exist for the college, and for each of us as fellows, to continue and enlarge our contributions to the advancement of both dentistry and the public welfare. But as we see through legislation or other means, benefits and special privileges for our profession, we must be ever-mindful of the fact that dentistry’s major purpose is to serve society, and not vice versa. With the quickening pace of social evolution and changing political philosophy the greatest challenge facing dentistry, and one for which the college can and must assume its share of responsibility, is to provide the professional leadership needed to assure for the public a continuation of dental health services of the highest possible quality, irrespective of the ultimate manner of their organization, financing, and distribution.

And to this end nothing is more important than the creation and maintenance of the proper social image of dentistry-establishment in the public mind of a clear understanding of the character and scope of modern dental health service, a recognition of the basic essentiality of quality in such service, and a full appreciation of the ideal of dental health to human welfare. Despite recent gains [to] dentistry’s stature in the public eye, it would be wishful thinking that the typical layman today has more than a grossly minimal conception of dentistry’s true significance to society. In fact, a good many dentists may be unaware of the extent to which our horizon has widened in recent years. With support of dental research having increased more than 4,000% in the past, dentistry is rapidly acquiring new dimensions relating to genetics, biochemistry, crystallography, psychology, pharmacology, speech, preventive and rehabilitative services, high- and ultra-speed equipment, and work simplification.
It is my earnest hope that, during the coming year and beyond, each of the college’s resources and activities will be directed toward the formidable and challenging task of projecting in the best light and the clearest focus, and on a very wide screen, the image of dentistry as it should be seen by the public and the profession alike. For Emerson said, “We must not forget that it is the eye which make horizon.”

To this end there await many appealing opportunities for the committees, sections, and for the officers and regents, as well as for the individual fellows of the college. We must help our profession to find ways of achieving proper perspectives and methods for the future utilization of auxiliary personnel, for the continuing education of all dental practitioners, for the wider distribution and financing of dental care, for the expansion of preventive and public health services, sharing our technical knowledge and skill as well as our friendship with our professional colleagues throughout the world, and for creating the kind of favorable public attitude that will attract people to dentistry, both as knowledgeable patients seeking optimum dental health and as able young people in search of a challenging career.

On the international side, the pre-eminence of American dentistry is frequently proclaimed, and with this reputation we are obliged to cultivate and further improve those professional qualities and technical achievements which have earned for us the respect of our counterparts in other lands. As the world grows constantly smaller, and international barriers continue to dissolve, the college must expect to assume increasing responsibility for international leadership in the advancement of dentistry everywhere. And on the home front, fellows of the college can further strengthen the public image of dentistry by devoting themselves to such tasks as the fight for fluoridation, the establishment of more adequate state and local dental public health programs, the further development of continuing education programs, the strengthening of our state and local dental code[s], improved support of our dental schools and the Fund for Dental Education, finding better methods of payment for dental care, and innumerable other challenges that require the kinds of abilities that are vested in the membership of this college. And to these ends it matters not whether a fellow’s talents be channeled through the college, or through his state dental society, through a dental school, or through a local civic organization, for example; the ideals of the college and the public image of dentistry will still be advanced by his exercise of professional leadership.

Ultimately, I am sure, these efforts will lead to a full public awareness of dentistry’s stature as the great profession it is, and of dental health’s intimate relationship to general health and well-being. I would hope that eventually there may be achieved a depth of public appreciation and respect for dentistry comparable to that so dramatically illustrated in Gilbert Smith’s description of the mouth and its significance: “Throughout life, from suckling infancy to the last moments of being, the mouth is a center of vital activity. It is the portal to the body for much that supports life; a focal point of emotion, love and expression; a principal organ of communication; an important mirror of the character and a dominant factor in the beauty of the individual. Probably no portion of the physical body is more closely associated with and felt to be nearer the center of the inner being. Certainly the mouth cannot be divorced from the rest of the human body whose welfare is so dependent upon it.”

Great, indeed, are the challenges that face us, as citizens, as professional men, and as fellows of this college. And so I conclude with both a note of optimism and a word of caution—a pun and a paraphrase from the well-known Rockefeller Report on Education. I have full confidence that our profession’s “Pursuit of Excellence” will be sustained all the way and will be assured of final fulfillment because of the “Excellence of Our Pursuit.” But we must remember always that “the greatness of a [profession] may be manifested in many ways—in its purposes, its courage, its moral responsibility, for cultural and scientific eminence, in the tenor of its daily work. But ultimately the source of its greatness is in the individuals who constitute the living substance of the [profession].”
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The American College of Dentists, like most organizations, developed a very high set of standards and ideals in its early years and then began to develop ways and means to attain these standards. We have had our periods of turbulent politics, and there have been times when we did not appear to possess the professional maturity that is characteristic of our membership today. However, with all of this, the standards and ideals of the organization have always been excellent, and during the last twenty years we have seen an expansion of our original objectives and an increased stature among our members.

Leadership in the dental profession has characterized our actions, and expediency has rarely taken precedence over the principles of right action. In addition to leadership, the college serves the profession at times as a catalyzer to speed up certain actions and progressive development, and again as a governor to control too hasty action. One of its most important functions is to initiate and contribute thoughtful studies of various problems through the action of its nationally-constituted committees. The past record of the committees on journalism, prosthetic service, and economics are examples of this function. There is no doubt but that our committees will continue to function with profit to the people of our country and to the health professions.

These points are mentioned not for the purpose of self-congratulation but to emphasize the place our college holds in the profession.

It is well to bear this in mind because at the present time there are many problems facing our profession and our country which cannot be solved by expedient action but must be solved by thoughtful study and action by groups such as ours.

As you know, the political structure of our college consists of twenty-eight local sections covering practically all of the country. The members are dentists who have made distinct contributions to the profession in the fields of education, research, organizations, and literature. They are the “doers” in the profession, and therefore one would expect our local sections to be unusually active. Some of them are, but many of our sections continue to exert their influence only through the efforts of individual members, rather than through the concerted effort of the section.

This lack of group action is not the choice of the members, but often results from the difficulty of setting an objective that does not interfere with the objectives and functions of the many other local dental organizations, such as the local and state dental societies, the academies, the research and study groups. Most of our local members are active in these other organizations and quite properly are not inclined to duplicate or interfere in the activities of those groups. It is the purpose of this address to propose that these sections develop an area which is neglected at present by all of the health sciences. This goal will broaden the base of understanding within our profession of the past traditions and general trends in our American way of life and their application to the vital, changing socio-economic problems of today.

We have seen very bad public relations come to other groups and professions because of their lack of understanding of the fundamental trends in our way of life. They have tended to oppose new thoughts and ideas rather than guiding them along appropriate channels. Great
political and social changes are taking place all over the world, and the speed of the reaction is assuming almost explosive proportions. History has shown time and again that rule by oligarchy, as we see it in Europe, and/or a change to an industrial economy, as is happening in the Orient, contain explosive elements affecting the existing social and political status quo. What happens in Iran or Korea affects this country, and what happens in the social and political economy of this country affects medicine and dentistry and, to that extent, the health program of the people.

Time was when two nations on the other side of the globe took up arms against each other it had little or no effect on us. Time was when a labor-management squabble in Detroit had only local significance. Time was when the health of the individual was a matter only between him and his physician or dentist. These conditions have changed and largely in our lifetime. What happens in Calcutta, Cairo, or London affects every one of us in this country. Work stoppages are of national significance. The health of our people is no longer an individual problem, but is one of national interest and importance.

Many factors are involved in these changes and all of them lead to an increasing complexity in our way of life. As we change from the self-sufficiency of an agrarian type of economy to the mutual dependency of an industrial economy we are more and more concerned with the welfare of those around us, both on a national and international basis. If the activities and decisions of our fellow men affect us, it is quite reasonable to suggest that what we do as individuals and as dental organizations will affect them.

Dentistry is no longer a simple matter of the relationship between patient and dentist. Our profession has grown to such a state that the oral health of the people of this country is of national importance. As a consequence we observe and are pleased by the spotlight of national attention. However, this also attracts the planners and the do-gooders who come forth with programs to make us over. It would appear highly desirable that if we are to deal intelligently with such people and to advance the profession to the ultimate good of dentistry and the country, we must have a better understanding of our social problems. I can think of no group or organization in dentistry that is in a better position than the American College of Dentists to assume the leadership in developing a program which will ultimately result in expanded professional horizons, and a greater understanding by the profession as a whole of the place which the health services must occupy in our political economy.

We think of dentistry as occupying a large and important part in the health profession. There is no doubt that this is true. With this importance comes an increasing degree of responsibility which must be assumed by all dentists, but particularly by the leaders we elect to office. Whether we like it or not, the rise to a profession of national importance has forced upon us a high degree of leadership and the responsibility that goes with it. As dentists our community offers us the respect due educated and trained experts in an important field. Our

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opinions carry a weight with patients, friends, and neighbors which often we do not fully appreciate. To discharge this responsibility of leadership we must have a broader basis of information than can be picked up between the headlines and the sports page of the daily paper. We must have a comprehensive understanding, not merely of our special field, but of the broad economic and political scene in this country and abroad, and it is to this end that the following program is pointed. It is suggested that the local sections consider the organization and development of classes of dentists to study subjects in the socio-economic-political fields which will lead to a better understanding of the fundamental trends in our American way of life.
These studies may be approached in several ways. The study group may embrace the entire section, or it may be started by a committee of the section. Another approach might be to interest the officers of the local and state associations in meeting together as a class. Once started, the medical groups could be invited to attend, as it is just as important for them to understand the basic trends as it is for us to have a comprehensive view of them. The future of both professions and the objectives of both professions are so interwoven that we must continue to develop programs that have the same basic objectives.

The study groups, once organized, should call upon people representing the many facets of our social and political economy. At first, some of the teachers from nearby universities could be engaged to direct the studies in political science, history, economics, foreign policy, taxation, labor-management problems, and so forth. At a later date representatives from various social and political fields could be invited to express their opinions and views on special subjects.

Two or three years ago one of our state associations instituted such a course of instruction for its officers and committee chairmen. The extension division of one of the nearby universities was requested to provide the teachers and the administrative guidance. The group of about twenty dentists met for a two-hour session once a month. Teachers and others outstanding in their field met with this group. There were some lectures, but for the most part it was a lead discussion, based upon previously recommended reading assignments and previous discussions. These dentists spent time with an outstanding professor of political science, an expert on Anglo-Russian relations recently returned from the then-current conferences in Berlin. One of the session leaders was a man recently returned from mediating a national strike. One was an authority on taxation. Another was an expert on Russian history and current Russian problems. All of these teachers and leaders were paid an honorarium, and the expense of the course was paid in part by the state association and in part by those participating in the course. It is not possible to measure the effect of this experience on the dental program of this state, but I am confident that it has had its effect and has aided the dentists to approach the complex social and economic problems of that state with a better understanding of the many facets that such problems present.

Our dental organizations have worked with and will continue to work with the many problems which result from the interrelationships of the health services and social and political activities. Their success or failure in meeting these problems has depended in large measure upon the informed breadth of leadership within our organizations. One of the greatest problems which has concerned all of us is the manner and expense of the distribution of health services to the people. We have said time and again that for the most part the distribution of these services should be directed by people who know these services: the physicians and dentists.

I recall a meeting some years ago when our state legislature had before it three different bills advocating various types of compulsory health insurance. One bill was backed by the CIO [Congress of International Organizations, a confederation of labor unions], one by the state administration, and one by a large agricultural group. Fortunately, members of the dental and medical professions, belonging to a civic study group, had the opportunity to hear advocates of each plan present their views. As a result of this and other conferences, we could and did develop an understanding of the viewpoint of each group and were able to approach

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the entire situation as a problem to be solved, not as a battle to be won. I feel that the success of our local voluntary health plans is due largely to this approach. The answers to today’s problems are not the black of state socialism and compulsory health insurance nor the white of “let them eat cake.” The answers lie in the shades of gray between these two extremes.

The dentist, confined by the four walls of his office and his horizon united by the technical advances in his special field, is at a disadvantage in providing the leadership to guide our profession through the complex maze of our social and political world today. We cannot look for this leadership among our dental educators whose academic experience does not always reflect the real picture of dental practice. We should not look to the salaried secretariat of the American Dental Association whose function is execution of policy, rather than formulation. This leadership must come through our dental organizations, from local to national groups. If this leadership is to guide us successfully, it must be an informed leadership: a leadership based on a broad background of knowledge of the world about us and particularly the trends in our American way of life. One of the greatest contributions that the American College of Dentists can make is to organize, set in motion, and support a program of developing an informed leadership in our local, state, and national societies.

We have leaders today, and good ones, but we need more and we need to start them at the grassroots level, close to the practicing dentist who has the real picture of dental practice. In my opinion our local sections are ideally suited for the adoption of a program which will develop well-informed leadership in our profession. Change is everywhere in the world, and if we do not have an intelligent understanding of these changes and the forces behind them, we will automatically resort to a defense of the “status quo” which will cancel all of the work and effort of those who have preceded us. In other words, the ability to survive depends upon the ability of the organism to adapt itself to a new environment. To make this adaptation we must have an intelligent understanding of the changes that are going on about us.
I stand before you with immense pride and joy, more importantly, with a deep sense of gratitude for the special honor bestowed upon me. The American College of Dentists is undoubtedly one of the most prestigious professional organizations in the world. I feel uniquely privileged to serve in its highest office. In many ways, this is a tribute to our great nation which allows people from distant lands to come to its shores and share in the American dream.

There is so much about our profession and the American College of Dentists in which we can take pride. The fellows of the college exemplify professionalism, service, and leadership. They are superb role models for our new generation of dentists and other members of the oral health team.

Our Challenges

Today, our profession faces challenges unmatched in its illustrious history. The very structure of American dentistry is in danger of being undermined. We live in turbulent times, we must confront the challenges and find effective solutions. What are some of the challenges?

Let us begin with a look at our educational institutions. Over the past decade, many dental schools in the nation were shaken by internal and external forces. For some, the results were catastrophic. During the late 1980s, the number of applicants to dental schools started dropping precipitously while operating costs continued to skyrocket. As a result, six U.S. dental schools closed. Most of the remaining schools reduced their enrollments significantly and were forced to implement cost-containment procedures that threatened to compromise the quality of their educational programs.

Recent increases in the applicant pool allow dental schools to select better-qualified students but are not making a major impact on the high costs of dental education. Student indebtedness continues to be a very serious concern. According to a survey by the American Dental Association, the average indebtedness for students graduating from the nation’s 13 private schools last year was over $89,000. Graduates of state schools fared a little better with an average indebtedness of almost $50,000. The tuition at private schools ranged from a low of $11,710 to a high of $36,413 per year. Will these coast mitigate against dentistry drawing the most qualified applicants to its schools? Will the highly qualified applicants seek other career directions?

Another perspective shaping the profession today is the changing demographics of the applicant pool and the professional work force. In 1970, 81% of students entering dental schools in the U.S. were white males and 2.1% were female. By 1990, 68% of freshmen were members of minority ethnic groups or women. Currently, over one-third of the students in U.S. dental schools are women, and the number of ethnic minorities is rising. This is dramatically altering the composition of the professional work force.

Another concern requiring our attention is the small number of young dentists joining professional organizations. Only 42% of dentists under the age of 40 belong to the ADA, as compared to the 76% of those over age 40. Professional organizations and our leaders must...
be sensitive to the increased diversity of the professional work force and attend to the specific needs of all segments of their membership.

New and complex disease patterns, including those now affecting mankind and others lurking in the future, pose challenges the profession must face.

Requirements of OSHA, the FTC, and the Americans with Disabilities Act have to be dealt with by the profession as do issues related to Medicare, Medicaid, and Aid to Dependent Children.

Rapid technological advances, accompanied by the exponential growth in knowledge, must not intimidate us. Instead, we must assimilate these advances into our practices.

The Institute of Medicine’s report on dental education needs to be reacted to by the various constituencies of the profession.

As if the plate was not already full, the mega-issue of managed care, with all of its ramifications, is now threatening the very fabric of our profession. During the past 40 years, I practiced dentistry and have been associated with dental education on three continents. I experienced a variety of healthcare delivery modes, ranging from solo independent practice to a comprehensive national health service. What distinguishes American dentistry and makes it the envy of most of the world, in my opinion, is the unique and special relationship between the doctor and the patient in a free enterprise system. This results in providing oral health care of the very highest standards. This quality of care is in jeopardy; this level of personal service is in danger of being compromised.

We can only achieve our aspirations through commitment, communication, and cooperation. If there are differences in philosophies and opinions, we must talk and attempt to resolve them.

Embracing Change

To maintain our traditions of excellence, we must meet these and other challenges. Change often is threatening and even painful to some. And we are experiencing extensive change.

Psychologists tell us that extreme or rapid change often produces reactions similar to grief. Elizabeth Kubler-Ross, in her book *On Death and Dying*, describes several coping mechanisms we employ to deal with extremely difficult situations and grief. She divides these into five states.

Stage 1. *Denial:* We try to convince ourselves this is not happening or that it is just a passing phase.

Stage 2. *Anger:* We can no longer deny change is taking place, but we do not like it. We become cynical, resentful, and enraged. Fortunately, we have organizations and individuals who act as a “lightning rod” and become vocal. They are important because they make us think about what is happening rather than ignoring it. This is a stage where we also look back to the so-called “good old days,” hoping to keep things as they were for as long as we can. Yet, if we critically examine the good old days, we frequently find that in some instances they were not all that good.

Stage 3. *Bargaining:* We attempt to create trade-offs to counteract change. We promise to do things differently, to make amends.

Stage 4. *Depression:* We begin to realize change will occur no matter what we do. The realization sinks in and our rage is replaced by depression.

Stage 5. *Acceptance:* We are not angry anymore; we feel numbed. We accept the change and live with it. Then, we embark on the process of rebuilding. We begin to integrate change into our lives and into society. During the rebuilding process we open doors to new opportunities, improvements, advancements, and growth. We build bridged to the future.

You, the leaders of the profession, must play a significant role in molding the future of dentistry. Your commitment and your involvement are the critical elements to success.
Positioning for Success

My aspirations as president will be to position the American College of Dentists to continue its pursuit of professional excellence today and tomorrow. We can only achieve our aspirations through commitment, communication, and cooperation.

My aim is to build upon the rapport that exists between the college and other professional organizations. In April, American Dental Association President Richard D’Eustachio and Executive Director John Zapp met with the ACD Board of Regents. This meeting opened doors for cooperation in several areas. We will open more doors with our other professional partners.

Your board established a standing Communications Committee consisting of four members. This committee will review the overall directions of the college’s internal and external communications and develop recommendations for enhancing our efforts.

Cooperation is another key to our success. We need to work together. Marquette University School of Dentistry, where I have served for the past 32 years, recently went through some perilous times. We were fortunate to have not only the committed support of our alumni, faculty, staff, and students, but also the incredible backing of the Wisconsin Dental Association. I am proud of this relationship between organized dentistry and the only dental school in my home state. This cooperation exists at all levels. We share a variety of essential resources. Our professional leaders speak effectively before the state legislature, asking for increased funding for the school. Ken Zakariasen, dean of the school, is here as an elected member of the Wisconsin delegation at the ADA House of Delegates. Cooperation was and is vital to Marquette’s Dental School as it will be vital to our profession’s future.

Unity is and will be another key to success. We must work together, overcoming our differences. We must speak with one voice. If there are differences in philosophies and opinions, we must talk and attempt to resolve them.

There is too much at stake. You, as leaders of the profession, and professional organizations such as our college must rise to the occasion—to face the opportunities and challenges ahead.

We must draw the best students to our dental schools. You, as individuals and with your section, should become recruiting partners with the dental schools in your area. Dental schools must ensure that their curricula are contemporary and prepare graduates for practicing the highest standards of clinical dentistry. As leaders, you must offer your guidance and assistance.

Graduates must possess the high professional and ethical standards for which dentistry is known. As fellows of the college, you must be the examples and mentors for our young professionals. You must be the conscience of the profession. We must be flexible and adapt to change, yet not lose sight of our high professional standards.

I am optimistic about the future. I believe our profession will rise and meet these and future challenges. I believe we will show the flexibility and durability to adapt to the changing world. More importantly, we will succeed because you care about your profession and the patient you treat.

Several years ago, Marquette University reaffirmed its basic educational philosophy, “cura personalis—care for the person.” This personal concern for the individual is a fundamental value of the 450-year-old Jesuit educational tradition. This concept honors the intrinsic value of every individual as well as all mankind. This solicitude is rooted in the conviction that all are created in the image of God and therefore have infinite worth.

When I look at our profession, I see cura personalis in its every fiber. We have shown the highest degree of commitment, care, and professionalism.

Your Board of Regents is deeply committed to the goals and objective of the college. Our Journal is recognized as one of the finest. We have an energetic and efficient executive director and staff. I know the coming year will be an exciting and productive one for the college and its fellows.
You quickly realize that the American College of Dentists has been and is a vibrant, proactive organization that stands out as a major leader of our profession.

During one’s professional life I am sure we all have gained pleasure and satisfaction out of a number of experiences related to dentistry. But I must say that being associated with the ACD is and has been one of the most enjoyable and rewarding times of my professional career. To me the college embodies all the elements of what our profession was intended to be—one that puts the interest and well-being of the patient first by insisting on ethical professional behavior, promoting leadership, and emphasizing continual learning which in turn enable us to provide better care to those we serve. As I think back, many of the people who have enriched my professional and personal life have been active fellows in the ACD and have carried its principles into their way of caring for their patients which was an inspiration to me.

I have heard it said on occasion that the ACD is simply an honorary organization—not true! Not that we shouldn’t be proud of our fellows and promote their accomplishments, but ours is a history of action, and all one needs to do is look at the multitude of projects that the ACD has been associated with over the years and you quickly realize that the ACD has been and is a vibrant, proactive organization that stands out as a major leader of our profession. It was the ACD that, even in its infancy, realized the importance of maintaining the foundation of dentistry by supporting dental education and emphasizing the importance of continual learning and by stressing ethical professional behavior through example and formal discussion. Those early founders of the ACD were people of vision who realized the profession needed an organization that would bring together those that were dedicated to upholding the true meaning of professionalism in the years to come. Unquestionably, the formation of the ACD in 1920 has proved to have had a significant impact in enhancing the way the dental profession regards its responsibilities and mission.

I congratulate you fellows-soon-to-be on what got you here—your leadership, integrity, service to the profession and your communities, and clear evidence of your ethical professional behavior. You represent the dental profession the way it was envisioned by the founders of the ACD and your entry into the ACD is the first step in what I hope will lead you to becoming active in the projects of your sections and regencies. This is where the action has to be if we are to continue to fulfill our organizational mission. I also congratulate the existing fellows for upholding the ideals of the college to the profession and providing the leadership that so positively effects the way dentistry is practiced throughout its sphere of influence. I am pleased to see the increasing activities of the sections in all of the regencies. During my tenure as a regent on the board I witnessed a resurgence of section programs—continuing education courses, ethics promotion in the dental schools, professional awards to graduating dental students, scholarship programs, and mentoring programs for students and colleagues—to mention just a few.

I continue to have a great deal of optimism about the future of dentistry. It plays such an important role in the comfort, health, and aesthetics of our population that it will maintain its central role in health care, and I also believe that the ACD will go hand-in-hand with the profession in helping to assure its viability.
The people who have served as your section officers, regents, and national officers have certainly strengthened my confidence in the leadership of the profession. They are constantly striving to face the important issues of the times and to make plans to address the future direction of the college, which in turn influences the profession as a whole. Our founders and predecessors who directed and worked with the ACD were mindful of such responsibilities and historically took action in a number of ways to address them.

In 1958 a 90-page document was produced by the ACD that listed suggestions for programs in continuing education that included graduate training, postgraduate instruction, internships and residencies, extension courses, seminars, study clubs, scientific meetings, and literature. Also in 1958 the college became concerned about career guidance for college students and sponsored a study of freshman dental students to determine why they chose dentistry as a profession. The study resulted in a book entitled *The Dental Student* which outlined the motivational reasons behind student career decisions. The then-ACD Committee on Financial Aid to Dental Education produced a booklet on “Suggestions for Fund Drives to Aid Dental Education” that probably influenced the initiation of “century clubs” in many of our dental schools in the nation.

From the beginning the ACD was interested in promoting and supporting dental research, and for many years had a standing committee on research which actually funded travel for dental researchers to visit one another as early as 1937, and it even pledged $25,000 from the reserve funds to support a variety of research efforts. That was a considerable amount during the Depression era, and this was long before any federal funds were available for dental research. The list of past activities of the ACD goes on: promoting dental healthcare services to all segments of our society, especially the underserved, reinforcing the role of dental auxiliaries and their importance in the overall picture of dental care, and of course continuing emphasis on professional behavior and leadership.

Another area that the ACD has supported through the years has been the history of dentistry and dental journalism. These are two very important activities that enhance our profession. Unfortunately dental history is not being addressed much anymore in dental schools because of the overcrowded curriculum. I think this is a mistake because it is important to know where we came from in order to better chart a course for the future. I am, however, very pleased with how the *Journal of the American College of Dentists* has addressed many of the current issues facing dentistry. It has made every effort to be open and fair in presenting all sides of a question with input from knowledgeable authorities and with insightful editorials. And, by the way, it is now more widely read than ever.

So as we enter this new century, it is obvious that many problems and issues still need to be addressed by the dental profession, and in turn by the ACD, in order to sustain our important role in the health care of the nation.

We need to continue to support dental education in efforts to incorporate an understanding of what professional ethics means and how important it is to the proper treatment of our patients. With the development of so many advances in technology, treatment processors, and diagnostic improvements, overtreatment is beginning to rear its ugly head in both medicine and dentistry. The college is painfully aware of certain trends in the behavior of some of our colleagues which results in both over- and undertreatment, in the increasing incidence of what is called the “provider effect” (that is, performing treatment that the dentist enjoys but not necessarily what the patient needs), in faulty insurance reporting, in being the spokesperson for certain types of dental products that have not been authenticated by valid research, and by performing procedures beyond dentists’ training and ability.
These behaviors therefore, among others, make it essential that we focus our attention on ethics early in the career of the dentist. Fortunately, these behaviors are perpetrated by a relatively small percentage of our colleagues. But even so they create a problem not only for dentistry’s image, but even more important is the negative effect it has on a patients’ ability to approve the best course of treatment. So it is important that these behavior patterns be discussed not only in dental school but as a continuing concern of the practicing profession, and this is where the ACD can continue to take leadership in exerting the value and importance of ethics being taught in the dental school curriculum and reinforced throughout one’s professional life through seminars and continuing education. The ACD has just published an Ethics Handbook which is an excellent guide for the profession, and I hope all of you will read it and recommend it to your colleagues.

Dr. Gerry Timmons once appropriately said, “The dentist does not do full service to himself or his profession when he limits his knowledge to the present and ignores the visions of the future; when he is unaware of the counsel and experience which are available to him in the history and literature; when he is unwilling to accumulate facts and separate them from conjecture and opinion; when his sense of personal responsibility does not extend beyond his personal and provincial interests.” These truisms therefore are of continuing concern to the college, and programs need to be in force to address them.

The college needs to continue to encourage cooperation and study between medicine and dentistry—to work together in preventing and treating oral diseases. As we learn more about the significant influences of oral disease on the systemic health of our patients it is incumbent that this become an important priority to address by the entire dental profession. This isn’t a new interest of the college, for in 1934 the college had three committees working on medical-dental relations that resulted in recommendations for facilitating dental appointments to hospitals and for providing medical interns with courses in oral pathology and dental diagnosis.

Unquestionably, the formation of the American College of Dentists in 1920 has proved to have had a significant impact in enhancing the way the dental profession regards its responsibilities and mission.
I am sure the ACD will continue to be expected to take the lead in addressing the many issues that are inevitably going to arise in the years ahead. And within the limits of our resources we need to be able to respond with timely action and vision. We have a proud history of working with our professional counterparts for the betterment of the profession, and I look forward to those associations continuing long into the future.

Our executive director, Dr. Ralls, stays in close touch with the leadership of many dental organizations and works with them on issues of common interest. It’s obvious that we have a talented, dedicated executive office staff, and we are all grateful to Dr. Ralls for his excellent leadership and devotion to the college. I also wish to congratulate Dr. Bob Regan for his fine term as president of the college this past year and Dr. Jay McCaslin for this term as president of the foundation, the regents and David Chambers, the editor of the ACD journal. They all have done remarkable jobs.

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**We need to continue to support dental education in its efforts to incorporate an understanding of what professional ethics means.**

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In closing, let me reiterate that the college is you, and your active participation is what will make it stay vibrant and important to the future of the profession of dentistry. I am immensely honored and humbled to be taking office as your president and will do everything in my power to uphold the fine ideals and mission of the American College of Dentists.
THE IMPORTANCE OF BELONGING

PATRICIA L. BLANTON, DDS, PhD, FACD
President-elect’s address; October 11, 2011, Las Vegas, Nevada

Far and away the best prize that life has to offer is the chance to work hard at work worth doing.
―Theodore Roosevelt

For the past four plus decades, I have belonged to professional organizations and have experienced both the benefits and costs of active membership. I am proud that I have participated in organized dentistry as part of my perceived obligations to our profession. In truth, my initial experience with professional associations occurred in the context of my completing a doctorate in anatomy. For the first time in my life I was recognized as a bona fide “professional,” and I was excited to be called “doctor.” I viewed joining a professional organization as a rite-of-passage and quite frankly, just being a member was exciting enough for me. Only after I completed my dental education and assumed the responsibilities of a practice did I realize that passive membership was simply not enough—although, I do see it as a foundational tenet of professionalism. Membership numbers are critical to assure that dentistry’s national voice—“our national voice” as delivered through the American Dental Association—is robust and representative of all dentists.

Professional associations in the United States have existed since the industrial revolution. Admittedly, many of these early efforts were trade-related and not “professional” in the current use of the term. During the 1800s, however, organizations representing the traditional professions such as dentistry, medicine, and law were created specifically for the development and maintenance of educational and practice standards to ensure the public’s safety and trust in the professions. By the 1900s, approximately 100 national professional associations existed. In the aftermath of World War II that number rose to well over 5,000—a trend which shows no signs of abating in contemporary America.

Paradoxically, while the numbers of associations have increased, in many organizations membership numbers have steadily declined. So the question is: Why do membership numbers attenuate when the apparent need for such organizations has never been greater? Two obvious key factors are demographic shifts and applied prevailing technology. It is reported that more technology has been developed in the past five years than in the previous 50 years. This translates into unprecedented changes in the way we communicate with each other. Dentists can easily locate people with whom they want to network—they do not need an association to do it for them. Today, entire generations who have never known life without technology are entering the practice arena.

Yet it has been said that technology hurdles pale in comparison to the generational shift that is occurring. With this shift, we see a societal movement away from group membership toward individuality. We have begun to see generations of newly minted dentists with different expectations, aspirations, and motivations. Concomitantly, the recognized generational attributes of the Baby Boomers (those born between 1946 and 1964)—passionate about joining, volunteering, and serving membership associations—is attenuating. It is reported that between now and 2030, 78 million Baby Boomers will retire. With this foreseen retirement wave comes a turnover of societal interests which means associations and...
professions will need to reconsider how they encourage membership while maintaining core values and principles.

Since 1859, the American Dental Association has offered and enhanced a variety of platforms in deliberate service to its membership. Yet today the ADA acknowledges that its market share continues to shrink. In fact, according to the ADA, over the past decade, the number of active licensed dentists has grown by 21,237 while the number of ADA tripartite members has only grown by 10,841. That is only 51% of the new dentists. Those who pay full active dues have a high retention rate, but regrettably the percentage of dentists who pay this rate is steadily declining.

Such membership trends are alarming and the ADA instinctively understands that it must seek new avenues to reverse these trends. Many of the ADA’s efforts have been directed to enhancing its value and relevance to those who constitute the “changing fabric” of contemporary dental communities in the United States. The current dental community mirrors the social diversity revealed in the most recent census data. America is truly diverse and this is reflected in our professional community. These demographic changes provide challenges and opportunities—the challenge to provide oral health care equitably to our population and the opportunity to create a diverse workforce for the provision of culturally proficient care. Any strategy employed to enhance membership must embrace this diversity and ensure inclusion not only in the professional workforce but also in the opportunities for leadership at both the local and national level. The development of this leadership cohort is necessary to help manage a new era of culturally competent, patient-centered care that reduces both oral health and oral healthcare disparities.

Over the recent past, the ADA has successfully met with several national organizations that represent the various diverse groups of dentists, asking primarily the questions: What can we do for you? and in what ways can we work together on behalf of our profession? These efforts are at different stages of development across the country, and while some of these initiatives have resulted in membership gains, the market share among racially and ethnically diverse markets persists at being far below the overall membership market share.

Recent evidence sheds light on a current membership factor that suggests that more dentists are aligning with group practices, including the large dental services management organizations (DMSOs). Through such groups, these dentists are offered many of the services and benefits historically provided by the ADA. Group practice benefits are attractive, but I encourage participating dentists to consider the importance of a strong and united advocacy for our profession. No solo entity can advocate for our practices as effectively as our historically and nationally acknowledged representative voice, the ADA. Solo messaging to those outside of the profession and to our legislative and regulatory bodies has proven to be not only ineffective; it can be confusing and detrimental to our national posture. Dentistry needs all dentists to take the necessary steps to ensure that any messaging echoes the profession’s strategic messaging and marketing campaigns—and this can best be done by maintaining ADA membership—thus strengthening the representative and protective voice of dentistry.

**Now Is the Right Time to Answer the Important Questions**

It is my belief, that life presents each of us with a series of positive and negative moments, some carefully scripted and some completely unplanned. Whether they appear monumental...
Many of the ADA’s efforts have been directed to enhancing its value and relevance to those who constitute the “changing fabric” of contemporary dental communities in the United States.

or inconsequential at the time, many are destined to become key moments that profoundly shape our destinies. In dentistry, we have approached what I would call a monumental moment, or in Gladwellian terms—a “tipping point”—regarding membership. Now more than ever, leaders at every level will need to formulate and implement effective strategies for our advancement in this new world and new economy. The future of our profession and the direction of the way we practice depend on the deliberate efforts of not only our leaders, but of every dentist. We are the ADA.

In the December 2011 *Harvard Business Review*, there was an article that looked into an organizational model they called collective ambition. This model came from looking at organizations that defied conventional logic, succeeded when there was adversity, and emerged even stronger and more successful. Collective ambition is a summary of how leaders and members think about why they exist, what they hope to accomplish, how they will collaborate to achieve their ambition, and how their “brand promise” aligns with their core values. Through collaboration and purpose, they shape their collective ambition that supersedes individual goals or single, linear objectives. For us, the ADA provides that collective vision for American dentistry to continue leading from the front, setting the standards for an oral healthcare system that delivers oral healthcare globally, as well as at home.

For the foreseeable future, dentistry will be in a state of transition and transformation as the healthcare debate continues in this country. Particular challenges facing dentistry that I have enumerated over the past include:

- The increasing disparities among the legitimate needs of patients
- The available resources to meet those needs, and
- The increasing dependence on market forces that transform healthcare systems.

Precise questions which place dentistry at a “monumental moment” and which make membership numbers and a collective vision critical, include:

1. How will oral health care be delivered in 2025 and beyond?
2. Who will deliver it?
3. Who will pay for it?
4. How will ordinary Americans routinely access dental therapy?
5. Are mid-level providers necessary and who will decide the outcome of that debate?
6. How will dentists be distributed geographically?
7. What will be the impact of for-profit entities buying up our dental practices?
8. How do we respond to the graduates who claims they must take a “job” with a large, production-oriented clinic due to high student debt and no way to establish their own practices?
9. What will be the impact of the nine new non-traditional dental schools with up to ten more proposed, many of these characterized by high tuitions?
10. What will be the impact of the transformation of dental schools away from university-centered models?
11. Will we as a profession address the “barriers to care” or leave that to models of care conceived by others?
12. Will we continue to focus on dentistry as beautifying, repairing, and replacing teeth or will we accept the broader responsibility for oral health care?
13. Will organized dentistry still be the collective voice of the profession?
14. Who will make the ultimate decision as to need?
15. Ultimately, what will dentistry be like in 2025?
Clearly, our challenges and our choices are not only numerous, but complex and subject to the prevailing politics and ever-increasing public expectations. I would emphasize that our actions and our choices in facing these questions will determine our most basic yet futuristic concerns, concerns such as:

1. Will dentistry continue to be a professionally rewarding career?
2. Will dentistry continue to attract committed young professionals?
3. Will dentistry continue to be autonomous, patient-centered, and safe for patients?

Transition and transformation are easily recognized but poorly understood. We acknowledge that the winds of change are blowing and that change is inevitable. But the inevitability of change does not make the transition easy. Professional organizations in transition must be prepared for the effects of change. If not managed, even change derived from the best of intentions can have an adverse effect on dentistry. The assumption that our profession will automatically learn to adjust to change is mythical. Experience suggests that if not properly implemented, change can have the potential for leaving the profession untethered and thus ineffective at the most critical of times. Now more than ever, membership numbers matter and active membership is an obligation of all that enjoy the privileged title “doctor.”

Numbers Do Matter

As we consider the concept of membership, it is important to contrast the significance of “market share” with the potential for furthering the interests and obligations of the profession. Membership numbers as seen by economists are referred to as “market share” and are indicators of an association’s relevance to members of the profession. To individuals of a professional organization, membership numbers indicate the potential the membership has to affect a strong, representative national voice. That potential is directly proportional to the energy and activity expended by the membership. To quote a past ADA trustee, “You must be present to win.”

Solo messaging to those outside of the profession and to our legislative and regulatory bodies has proven to be not only ineffective; it can be confusing and detrimental to our national posture.

Like most of you, when I began my professional career, it started with the requisite basic sciences, and I must confess that the value of these studies, intensive in nature, was not fully appreciated by me at the time. The value of that academic foundation became most apparent as the problems became increasingly complex and could not be resolved simply by deploying basic algorithms. Little did I know my earlier basic education would prepare me for critical thinking and life-long learning, providing me with the conceptual framework with which I approached and organized new information. Ultimately, our basic science studies become part of a larger concept toward professional independence with an understanding that knowledge is an essential competence. My experience with organized dentistry was informed by my experience with my basic science education. You never know how important it is until you need it. This may be true of membership in professional organizations. What begins as a perceived opportunity—to be accepted or not—becomes a critical obligation to ensure that dentistry remains a career of satisfaction and fulfillment for successive generations privileged to be called “doctor.” The importance of belonging simply cannot be overstated.

Not the ADA or—The ADA and

Having recently served as vice president of the American Dental Association and president of the American College of Dentists, it is my opinion that to address our declining membership, we need not only look at what the professional organization offers the member,
but additionally and maybe even more importantly, what the member offers the organization.
To paraphrase one of our past American presidents, it may be time for us to ask what we can
do for our ADA and not what our ADA can do for us.

But nothing increases the value of membership like embracing our obligation and participating.
In fact, participation is the key to harnessing the full value of any professional association.

While professional organizations have responsibilities to the members, those of us
privileged to deliver healthcare that works must acknowledge our obligations to our
profession. It is generally agreed that the responsibilities of being a professional extend well
beyond the treatment room. The logical first step in meeting that obligation is for the
professional to become and remain a member of that larger body representing dentistry
nationally and around the world. We all share the same distinguished title and by nature of
the fact that we assumed the title dentist, we assumed responsibility for reflecting the image
and the voice of our profession at large. Some members feel that belonging is a good start,
and as I stated previously, it is. But nothing increases the value of membership like embracing
our obligation and participating. In fact, participation is the key to harnessing the full value
of any professional association. We must assume our responsibility as stakeholders.

Looking forward, we are advised that changes will have to occur in the way associations
impact membership relevance and value. Many suggestions for such changes are offered, but
I encourage us to keep in mind that we are not talking just about our association, we are
talking about our profession. As I see it, if we are to assure the future of our professional status,
it is incumbent upon us to acknowledge and employ that value common to all dentists, i.e.,
our dental advocacy. We, collectively through the ADA, are the ones lobbying the Hill and
assuring dentistry’s voice is heard by the FTC, OSHA, CDC, and EPA, among so many entities
which can impact the way we practice.

One of the many examples of how ADA advocacy has directly benefited our practices
relates to a regulation which would have required small businesses to use the accrual method
of accounting instead of the cash method. Wielding our collective power, we repealed this
regulation which would have resulted in our paying more taxes up front as well as additional
accounting costs due to a more complicated process. The ongoing healthcare debate taking
place in this country has sparked a great deal of controversy with the proposed national
agenda poised to impose a tax on dentistry. Thus far, we have averted this “fiscal cliff” for
our practices because of our effective lobbying efforts. These are examples of ADA’s successes
on behalf of our practices. But it is important to note that similar efforts are expended on
behalf of our patients and profession. Without the ADA, neither the dentist nor the patient
would be fully protected. We must not let the message of the significance of our collective
power through advocacy be lost amidst all the other messaging that organizations like the
ADA provide. As I see it, advocacy is the ADA’s “niche” and the value common to all dentists.

Ultimately the “importance of belonging” is the power we impart as a large collective
group representative of our profession. Networking is good for sharing ideas, but we
individuals still need a powerful professional voice like the ADA. How else would we validate
ourselves as professionals or validate our profession except through the organization that
recognizes the dentist as its heart? I encourage our dentists and dental students to look at
association membership as a privilege granted to those whose educational standards have set
them apart and as an avenue to personal professional advocacy. Association membership
helps us maintain our professional identity—an identity that lasts a lifetime. We must not
lose that identity. There is no one else who will represent you and me as professionals or who
will understand our professional needs except us. Our power rests in our numbers.

Many of us belong to other dental organizations—organizations that meet various needs
and interests. Through my membership in the ACD, I have had the opportunity to serve with
the acknowledged and respected “leaders of our profession” in the advancement of ethics and professionalism. Historically too, the ACD has always been at the forefront of our profession as dentistry has faced “monumental moments”—leaning forward, identifying emerging issues, stimulating critical thinking, and initiating in an apolitical way the discussion of challenges facing the profession. Through my membership in the ACD, I am able to add my voice to the collective voice of advocacy for the profession and for the oral health of the public.

But no one of dentistry’s many other organizations can offer the powerful advocacy of the ADA—advocacy necessary today to protect our patients as well as our practices and to assure the conferred professional status of the dentist into the future. These are basic factors, while largely intuitive, that underlie the importance of ADA membership.

Informed by my experiences with the American Dental Association and the American College of Dentists, I am confident that these organizations, supported by a representative, committed, and collective membership, can advance our profession beyond this “monumental moment” facing dentistry. This is a moment in time which imposes fundamental challenges with potentially broad impacts on our profession—challenges from numerous sources inside and outside of dentistry and characterized by sufficient momentum as to result in sudden and dramatic change. Needless to say, we stakeholders, all dentists, must see this as a call to action. I commend all who have maintained their membership and encourage all members to invite non-members to join. I encourage us to work collectively to advance our profession beyond dentistry’s “monumental moment” of declining membership and its potential detrimental impact. We must acknowledge the importance of our collective efforts on behalf of the profession and furthermore, we must enhance these efforts so that as dentists we are not complicit in our own undoing. Historically, the American Dental Association has successfully negotiated such critical “tipping points” and I fully expect us to do this once again. But sustainable efforts and desired outcomes emerge from the grassroots level—what each of us brings to the effort. Each of us plays a pivotal role in deciding the direction and future of the profession. Words spoken by the unconquerable Alexander the Great more than 2,000 years ago are equally applicable today: “Upon the conduct of each lies the fate of all.” Now more than ever the importance of belonging cannot be overstated.
Looking Back: Looking Forward

Eric Klintmalm, DMD, MPH, MA

Abstract
The approaching centennial of the American College of Dentists is an opportunity to reflect on what the founders and those who carried the torch in the formative years envisioned the future of the profession to be. Not only did they see the need for change, they provided much of the leadership that made it possible. This essay highlights some of that evolution. It also raises questions about the relationship between altered composition of the fellowship and the way the college has gone about its work. In particular, questions are raised about the aging of the fellowship and requirements for affiliation with other organizations.

One-third of American dentists are not eligible for fellowship in the college regardless of their contributions to the profession. No students are fellows. About 70% of active practicing dentists in America are younger than the average age at induction into the American College of Dentists. What does the college look like to dentists from the outside? Are we widely known and recognized?

As fellows constitute only 2% of active dentists, chosen for leadership and ethics, there is no question that fellows are a select group. Perhaps only the most senior recall the fights to raise standards for education and research, the battles to check commercialism and proprietary journalism, and very public warnings the college sounded over the dangers in unauthorized practitioners and reimbursement schemes that disadvantage patients. The college was smaller in previous years, but I have been told it was scrappier. Although fellows remain concerned, these fights have now been left to others. How do we touch the other 98%?

As a 2018 graduate from dental school and the newest regent intern and the national coordinator for the Student Professionalism and Ethics Association—the largest organization by far of dentists looking at ethics—I have a great interest in answering the questions about how the American College of Dentists impacts the profession. I have looked back over ten decades of reports and position statements and accomplishments to answer for myself this question: What did the future of dentistry look like to fellows of the college at various times in its past?

The Founding Vision
I believe there are still some fellows alive today from when the college was founded. When they were young, patients most were likely treated by tradesmen who were partially educated in a proprietary dental school with inadequate standards and partially self-taught in a craft that had few standards. The college was founded to promote self-improvement among young members of the profession. The focus was on the future of the profession.

Perhaps the greatest constant I can find in the history has been a willingness to take up new issues without changing the guiding vision. The college has always shown a light of wisdom and high standards so others could find their way. But new patches of darkness keep appearing, calling for new leadership.

Leading on the Issues
Dr. Philip E. Blackerby, in his 1963 presidential address, said, “The American College has many functions but its basic mission—its reason for being—is leadership.” Characteristics of a professional were outlined by the Committee on Human Relations in
1957. Chaired by Dr. Harry S. Thomson, the report outlined multiple attributes, but two stand out as enabling the college to fulfill its mission: Fellows “associate with fellow doctors and share all new ideas, discoveries, and inventions,” and “are dedicated to the profession and always act in the best interest of those they serve.” The committee specifically further detailed this work as being focused on “the dual responsibility upon student and practitioner alike.”

ACD President Henry A. Swanson stated in his 1962 address that he “felt it was important for our entire membership to do everything in its power to influence and encourage competent young men to go into our profession.” During the report on the Committee of Education, Dr. Swanson touched on the various reasons why he felt this way, highlighting the motivation of the student for dentistry. Following his report, the committee discussed the subject and ultimately agreed that the college member could and should do more to influence young men [and women] into the profession.

The spring 2013 issue of the Journal contains a summary of the work of the college during its first 75 years. The longest continuous effort of the college, and the only one that has remained constant since 1920, is communication and journalism. Standards for education, practice health services and general practitioner/specialist relationships were an early concern that went dormant in the years of the Second World War and then reemerged. The same is true for the relationships with the medical field, dental school curricula, and dental research. In these cases, major activity started in the 1930s, waned in the 1980s, and picked up again in the 1990s.

The college had a tradition of commissioning reports on topics of immediate concern to the profession. It hosted study groups in St. Louis, including fellows and experts from other organizations, and issued regular reports. Some of the challenges taken up included denturists, hospital privileges for dentists, access, financing dental care, public/professional relations and oral health awareness, dental history, prevention, student recruitment during the two periods where applications to dental schools were dropping, continuing education, the proper role of auxiliaries, world relations, and the distribution of dental teaching material. Most recently the college is focusing on ethics.

As a young dentist I now realize I owe a great deal to the pioneers in the American College of Dentists. I would have liked these men. They were obviously working with likeminded colleagues in the college to raise the standards of the profession.

Has the Job Been Completed?

But perhaps something has subtly changed as the college has matured. The founding visions remains the same—to light the way forward for the profession—but those doing the work have changed. Originally, the college focused on the young professionals and was strongly independent. It was not until a few decades after the founding that a second category of fellowship was introduced to recognize dentists who gave a lifetime of service to the profession and their communities.

The college honors significant accomplishment, but is paying less attention to recruiting, training, and deploying leadership. It has also embraced a prerequisite of membership in the American Dental Association. But according to ADA reports, membership has also changed over the decades. From a high of about 95% in the 1960s, ADA membership has fallen to about 65% of active practitioners, and about 10% less than that for all dentists. The distribution of ADA membership has also changed. There is no age cohort that currently has a higher proportion of ADA members than those in their first 20 years of practice. The participation rate drops steadily until about age 55. The lowest ADA membership by percentage coincides with the average Fellows appear to self-select themselves out of the college based on their perception of their potential for influencing the future of the profession.
age of induction into the college. Because fellowship in the college requires membership in the ADA, the pool from which fellows can be recruited is shrinking.

There are many teachers, researchers, and practitioners who have influenced my career as role models and leaders who are not eligible for induction despite the fact that they live the vision of the college. All of these would be eligible for honorary fellowship. According to the bylaws, qualifications for honorary fellowship is actual and potential contributions to the profession equivalent to that of regular fellowship. The great irony is that dentists cannot be honorary fellows. Being a dentist disqualifies a large portion of potential leaders from fellowship in the American College of Dentists.

The founding members of the college were careful to avoid what they thought of as “political entanglements.” If I understand this correctly, they used this term to refer to the National Dental Association. The name of this organization has been changed to the American Dental Association. The fear was that the college would become associated with office-seeking in the ADA and vice versa.

The average age at induction into the American College of Dentists is about 55, and continues to rise. As Chambers reported from a national survey in a 2016 article in the *Journal of the California Dental Association*, 55 is the age when dentists’ participation in positions in organized dentistry drops sharply. But dentists continue to practice for a decade or longer. The forfeiture rate in the college tracks age at induction. As shown in the accompanying statistical report on fellowship, the ratio of forfeitures to inductions goes up steeply with age. Fellows appear to self-select themselves out of the college based on their perception of their potential for influencing the future of the profession.

**Where Is the Future?**

A century ago leaders in the profession felt that the standards of the time would not carry dentistry into the future. The changes they have been a part of have been truly astounding. The dentists I know want to continue this success.

The college has recently begun a partnership with the Student Professionalism and Ethics Association (SPEA) which includes student-led groups in most dental schools. The issues they will face in the emerging profession are discussed. We welcome the wisdom and experience of the leaders in the profession to help us face the newly emerging challenges. We have a rich association with the college. In addition to SPEA, there are other student organizations where students with leadership potential can be found, such as the American Student Dental Association (ASDA), the American Dental Education Association (ADEA), and the Student National Dental Association (SNDA).

Having sampled the vision expressed by the presidential speeches and committee work of the college, I cannot convince myself that these leaders would do anything to restrict the leadership potential available to the college, either by postponing induction or putting restrictions on eligibility.
Selected Statistics Regarding Fellowship in the American College of Dentists

TABLE 1. ACD and ADA Membership Statistics, 2010–2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Fellows</th>
<th>Active</th>
<th>Invite</th>
<th>Decline</th>
<th>Forfeit</th>
<th>Reinst</th>
<th>Decease</th>
<th>US Active</th>
<th>% Fellows</th>
<th>ADA Active</th>
<th>% ADA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>7,559</td>
<td>4,185</td>
<td>308</td>
<td>4</td>
<td>86</td>
<td>19</td>
<td>110</td>
<td>187,899</td>
<td>2.23</td>
<td>128,119</td>
<td>68.19</td>
</tr>
<tr>
<td>2011</td>
<td>7,642</td>
<td>4,225</td>
<td>352</td>
<td>9</td>
<td>78</td>
<td>22</td>
<td>93</td>
<td>191,176</td>
<td>2.21</td>
<td>128,719</td>
<td>67.33</td>
</tr>
<tr>
<td>2012</td>
<td>7,690</td>
<td>4,225</td>
<td>345</td>
<td>12</td>
<td>85</td>
<td>20</td>
<td>89</td>
<td>192,160</td>
<td>2.19</td>
<td>128,524</td>
<td>66.19</td>
</tr>
<tr>
<td>2013</td>
<td>7,690</td>
<td>4,247</td>
<td>283</td>
<td>8</td>
<td>98</td>
<td>17</td>
<td>66</td>
<td>196,678</td>
<td>2.16</td>
<td>128,726</td>
<td>65.45</td>
</tr>
<tr>
<td>2014</td>
<td>7,604</td>
<td>4,166</td>
<td>300</td>
<td>20</td>
<td>111</td>
<td>18</td>
<td>138</td>
<td>198,218</td>
<td>2.10</td>
<td>127,910</td>
<td>64.53</td>
</tr>
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<td>2015</td>
<td>7,675</td>
<td>4,100</td>
<td>303</td>
<td>19</td>
<td>99</td>
<td>26</td>
<td>162</td>
<td>201,854</td>
<td>2.03</td>
<td>127,895</td>
<td>63.60</td>
</tr>
<tr>
<td>2016</td>
<td>7,499</td>
<td>4,061</td>
<td>269</td>
<td>25</td>
<td>102</td>
<td>23</td>
<td>114</td>
<td>203,099</td>
<td>2.00</td>
<td>129,171</td>
<td>63.60</td>
</tr>
<tr>
<td>2017</td>
<td>7,584</td>
<td>3,934</td>
<td>311</td>
<td>21</td>
<td>114</td>
<td>13</td>
<td>112</td>
<td>203,099</td>
<td>2.00</td>
<td>129,171</td>
<td>63.60</td>
</tr>
<tr>
<td>2018</td>
<td>7,502</td>
<td>3,764</td>
<td>287</td>
<td>27</td>
<td>119</td>
<td>28</td>
<td>130</td>
<td>203,099</td>
<td>2.00</td>
<td>129,171</td>
<td>63.60</td>
</tr>
</tbody>
</table>

Active fellowship in the ACD has decreased by 1.3% per year in the past eight years. Active membership in the ADA has decreased by 0.8% per year.

FIGURE 1. Trends in Active Fellowship, Invitations to Fellowship, Declines, and Forfeitures.

- **% Active**: Percent of ACD Fellowship who are active fellows
- **Decl/Inv**: Percent of individuals invited to fellowship who decline
- **Forfeit/Act**: Percent of active Fellows who forfeit fellowship
- **Bounce off**: (Declines + Forfeiture – Reinstatements) divided by invitations

Active fellowship in the college is now at 50%. There is fluctuation in invitations to fellowship from year to year (primarily due to location) but this figure remains relatively constant. Failure to retain fellows is a major reasons for declining fellowship.
FIGURE 2. **Average Age at Induction**

Average age at induction is increasing at a rate of approximately a year older each three years.

![Graph showing average age at induction from 1999 to 2013.](image)

FIGURE 3. **Forfeitures by Age of Induction**

The older a fellow is at induction, the more likely he or she is to forfeit fellowship. One-third of forfeitures occur during the first five years following induction.

![Graph showing forfeitures by age group.](image)
The Bylaws of the American College of Dentists

A Historical Overview

Stephen A. Ralls, DDS, EdD, MSD, FACD

Abstract
The American College of Dentists, now approaching its centennial, has had governing documents in place since its founding in Boston on August 20, 1920. Both the original bylaws and the current bylaws are presented in their entirety along with some of the more significant and interesting intervening developments, which are introduced chronologically. Several organizational characteristics can be traced through changes to the bylaws and are briefly discussed.

Boston was cloudy with moderate southeast winds and temperature. Showers were expected later in the evening that were expected to last through the next day. A group of distinguished leaders from dentistry had come together on Friday, August 20, 1920, to found the American College of Dentists at the Copley Plaza Hotel. Other dental leaders were involved in absentia. The National Dental Association (now the American Dental Association) was scheduled to begin its annual session at the Mechanics’ building on Monday three days later. The founding of the college was first memorialized publicly in the Tuesday edition of the Boston Herald, though with some interpretive license by the reporter who referenced the new group as a research college. (See sidebar.)

Bylaws for the college were approved two days after the founding on August 22. Otto Brandhorst’s 50-year history of the college has referred to these as temporary bylaws, but they obviously provided an initial structure from which to build.

The purpose of this paper is to provide an overview of the history of the primary governing documents of the college, specifically its bylaws. For many years the college maintained a constitution and bylaws integrated within a single document whose title underwent minor modifications over the years, eventually becoming known only as bylaws. For the purposes of this paper, references to bylaws include both the bylaws and constitution, where applicable, unless otherwise noted. Both the first bylaws and current bylaws will be presented in their entirety and bookend an abridged chronology of some of the more interesting developments involving the bylaws. For interest, the overview is weighted to the earlier years when the college was more heavily focused on establishing itself as an effective organization.

Several difficulties preclude a more precise summary. The minutes and records of the college are not airtight—there are some gaps in records and omissions of detail. Not infrequently, changes are noted to bylaws without any specifics mentioned or follow-up evident. The reconciliation of most issues and discrepancies would benefit from a closer, near word-for-word examination of college records. Indexing is a complicating factor. Some volumes are not indexed and the indexing that is included is helpful, but not perfect. That status is expected to improve as the college has moved to archive its historical material under professional guidance and assistance. With those limitations in mind, the overview is offered beginning with the original bylaws adopted at the founding meeting in Boston.

Original Bylaws
As evidenced in the minutes of the first meeting of the founders, bylaws were adopted by the American College of Dentists on August 22, 1920, at the
Copley Plaza Hotel, Boston. This was two days after the founding. The rather abbreviated initial bylaws are presented verbatim. (See following material.)

It is interesting to note the profound simplicity of the earliest official “object” or purpose of the college, which could be interpreted as the college’s earliest mission statement. The three elements—elevate the standards of dentistry, encourage graduate study, and grant fellowships to those who have done meritorious work—could also be broadly viewed as a concern by the founders to improve quality, develop quality, and recognize quality in dentistry, respectively. Those interests continue today.

**Key Chronological Changes**

Over the nearly 100 years of the college the bylaws have undergone a number of changes, as would be expected. Unless otherwise noted, the chronological entries to follow through 1963 are gleaned from the minutes of the meetings of the convocations and the minutes of the meetings of the Board of Regents. After 1963 the entries from minutes are based only on the latter. Most bylaws-related records are rather nondescript and unremarkable. However, a chronological review does provide insights into organizational growth, mission maturation, and the current status of the governing documents. Entries with locations, where known, refer to official college meetings.

**January 26, 1921,** University Club, Chicago, Illinois: A committee consisting of Drs. H.E. Friesell (chair), Lyons, House, Millberry, and Black was approved to formulate a definite statement covering the intent and purpose of the organization. The Board of Directors was empowered to act upon the report of the committee appointed to prepare a statement of the purpose of the organization. The bylaws were also amended such that all nominations had to be made in writing and forwarded by the secretary to the Board of Censors at least six months before the annual meeting, however this would not apply to nominations made through the annual meeting that followed in the summer of 1921. The 50-year history indicates this six-month requirement was changed to three months in 1921, but documentation is elusive.

**August 13, 1921,** Hotel Pfister, Milwaukee, Wisconsin: The bylaws were modified to reflect changes to the duties of the directors, specifically that they shall transact all business of the college, including rules of admission and, in special cases, remission of initiation fees and dues. An additional change was that the directors would elect the Board of Censors, which was to consist of five members, one to be elected annually except at the first election where terms were staggered.

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**GROUP FORMS NEW RESEARCH COLLEGE**

A new society, to be known as the College of American Dentistry, was organized in the afternoon by a group of the dentists attending the convention. The formation of the college was independent of the national association, but its founders plan to have the college included in its scope all members of the association.

**To Stimulate Research**

Its function will not be to teach, but to stimulate research work and encourage meritorious endeavor by practising [sic] dentists. This will be accomplished by instituting a large board of censors who, unknown in the community, will observe the work of dentists and report deserving work to the trustees, with recommendations for degrees. Headquarters of college will be in Chicago. Definite work of the organization will begin within six months.

[The names of the officers and board members follow.]
The censors would receive the nominations for membership, each accompanied by a written statement of qualifications, including an “investigation of the character and attainments of the candidate.”

A further change stated that any member of the college could nominate a candidate for fellowship. A nomination was to “be kept inviolate by the nominee and the censors until such time as it is favorably reported upon.” It would appear from this language, which is virtually identical to paragraph nine of the initial bylaws, that early nominees were aware of their nominations—a practice which later changed. Recommendations for fellowship were made based on a four-fifths vote of the censors and a majority vote of the Board of Directors.

It was also mentioned that amendments to the bylaws could be made by a majority vote at any annual meeting, provided written notice was sent to each fellow at least three months in advance. Regarding such amendments, fellows could vote by written ballot or in person.

The minutes indicate there was considerable discussion regarding the substitution of the word “regents” for “directors” in the constitution and bylaws. A motion was made by Dr. Johnson that the Board of Directors be granted authority to change the term if they “feel [sic, felt] it wise to do so.” The motion carried. The fifty-year history indicates the change in nomenclature was made at this meeting, but that is not clear in the records. The change to regents was apparently made at or shortly after this meeting.

August 22, 1926, Bellevue Stratford Hotel, Philadelphia, Pennsylvania: Dr. Brandhorst’s 50-year history indicates the bylaws were revised, but specifics on the changes have not been identified in the available records.

August 19, 1928, Radisson Hotel, Minneapolis, Minnesota: The report of the “special committee on revision of the constitution and by-laws” was introduced and the proposed revision was ordered presented at the convocation. The exact nature of the revision has not yet been identified. The 50-year history provides some clarification. Of interest, an adopted resolution is mentioned that included language bearing in part on the college’s purpose, “Whereas the American College of Dentists aims to advance the standards of the profession….” A report of the Committee on Amendments to the constitution and bylaws [document] was ordered printed and sent to the membership. It was voted to expunge from the bylaws a provision that had recently been adopted providing for expulsion from membership any person who was absent from three successive annual meetings of the college.

August 6, 1933, Stevens Hotel, Chicago, Illinois: A Committee on Bylaws was appointed, according to the 50-year history. Also, the office of president-elect was recommended for the Board of Regents.

August 5, 1934, St. Paul Hotel, Saint Paul, Minnesota: An amendment to the bylaws was proposed specifying the officers of the college as “a President, President-Elect, a Vice-President, a Secretary, and a Treasurer.” This amendment was apparently adopted and the position of president-elect created, according to the 50-year history. A recommendation was also made to the bylaws committee that vice-president and treasurer be made members of the Board of Regents. This last
recommendation is not completely understood as those two positions had been included on the board from the earliest days of the college.

July 12, 1936, St. Francis Hotel, San Francisco, California: An extensive general revision to the constitution and by-laws was proposed, which was to be announced to members and brought to a vote at the convocation in 1937. The revision encompassed two sections, constitution and by-laws. The purpose of the college was expanded in the constitution section, as follows: “ARTICLE I. NAME AND OBJECTS.

This organization, named American College of Dentists, was established [note drop of “The”] to promote the ideals of the dental profession; to advance the standards and efficiency of dentistry; to stimulate graduate study and effort by dentists; to confer Fellowship in recognition of meritorious achievement, especially in dental science, art, education, and literature; and to improve public understanding and appreciation of oral health-service.”

Article II of the proposal also included some other interesting language. It specified two classes of members, “Active” and “Honorary,” each to receive the title of fellow. Active members consisted of “dentists and others who have made notable contributions to dentistry, or who have done graduate, literary, or educational work approved by the College.” Regarding the other class, “any person who, through eminent service, has promoted the advancement of dentistry, or furthered its public appreciation” could be elected to honorary membership.

Membership could be automatically forfeited for: (a) giving courses in dentistry under any auspices other than a dental society, dental school, or other recognized professional or educational agency; (b) giving courses in dentistry in a privately owned undergraduate or postgraduate dental school, or in a school “associated with an independent hospital or dispensary” but not an “organic part” of it; (c) exacting exorbitant fees for courses in dentistry under any condition; (d) being guilty of unethical or unprofessional conduct or moral turpitude; or (e) being in arrears for payment of annual dues unless a reason could be given and a delay approved by the Board of Regents.

Article IV of the proposal also established the Journal of the American College of Dentists as “the official periodical publication.” Further, the journal was to be “conducted” by a Board of Editors, consisting of the regents of the college and additional members as needed.

Local sections that would support the aims, purposes, functions, and ideals of the college were briefly mentioned in Article V. Article VIII specified the initiation fee as $100 or more, with the annual dues set at $10 or more. Article X specified a quorum as 35 members. Amendments to the constitution could be made by majority vote of the total membership as mentioned in Article XI.

The bylaws comprised a second section of the proposal after the constitution section. It is difficult to recognize functional differences between the constitution and bylaws sections of the proposal and the reasoning behind two similar structures is not clear. The bylaws section was divided into seven subsections, A to G, covering these subjects, respectively: “Members, Officials, Board of Editors, Sections, Standing Committees, Financial, and Amendments.” The term of office for all officers was specified in the members subsection as one year. There were five regents, one elected annually and each for a term of five years. The Board of Regents elected annually a member of the Board of Censors, each also for a term of five years. At this time, presumably, the Board of Regents knew the identity of the members comprising the Board of Censors. That is not the case today.

About 1936-1937: A small, red “CONSTITUTION and BY-LAWS” pamphlet was published by the college. This was based on the $100 initiation fee and $5 dues levels as well as the inclusion of honorary members, the latter of which were not officially adopted into the bylaws until 1937. The pamphlet states the purpose of the college in Article II, Objects, as: “The College was organized to advance the standards of dentistry, to promote graduate study by dentists, and to confer fellowships in recognition of meritorious achievement in dental art and science. Suitable means shall be used to attain these and related
objectives.” Article III states that membership shall be automatically forfeited if the member is “guilty of unethical or unprofessional conduct, or moral turpitude.”

July 11, 1937, Ambassador Hotel, Atlantic City, New Jersey: The bylaws proposals adopted at the previous San Francisco meeting were to be submitted to the members for approval. In addition, the following resolution was presented by the secretary on behalf of the regents and unanimously adopted: “Resolved, that the American College of Dentists will not admit to membership any persons holding fellowship in any similar honorary dental organization. Fellows of the American College of Dentists who are also members of a similar organization are requested to consider the propriety of early withdrawal from one or the other.” This does not appear to have been a bylaws-level policy, but that is not altogether clear either.

October 23, 1938, Hotel Statler, St. Louis, Missouri: Dr. William J. Gies was chair of the Committee on By-Laws and he presented an interpretation of the constitutional provision in Article 11, Section 5, forfeiture of membership. His interpretation stated that “each member will be fraternally ready at all times to give to dental colleagues, privately or publicly, the benefit of any knowledge of, or experience in, dental practice he may have that would be useful to them; but will give ‘courses of instruction in dentistry’, [sic] for remuneration [sic] only, as an appointed teacher serving publicly under the auspices of a dental school, dental society, hospital or other accredited professional or educational agency.” The interpretation was approved and the corresponding amendment to the constitution was to be voted on at the next convocation.

October 14-15, 1943, Netherland Plaza Hotel, Cincinnati, Ohio: W. N. Hodgkin, chair of the Committee on By-Laws, presented a proposed amendment to the bylaws that dealt with the nomination and election of members, a provision of which was that nominations must be made on the official nomination form four months before the annual meeting. The amendments were adopted the following year.

July 1, 1944: A small, gray pamphlet titled “Constitution and By-Laws” was published by the college. Of interest, Article I of the constitution stated the purpose of the college as: “This organization, named American College of Dentists, was established to promote the ideals of the dental profession; to advance the standards and efficiency of dentistry; to stimulate graduate study and effort by dentists; to confer Fellowship in recognition of meritorious achievement, especially in dental science, art, education and literature; and to improve public understanding and appreciation of oral health service. Suitable means shall be used to attain these and related objectives.”

Article II, Membership, indicated that active members consisted of dentists and others who have made notable contributions to dentistry. The implication is that non-dentists could be active members in 1944. That practice obviously dated from the first years of the college, as Dr. William J. Gies was not a dentist, but was inducted as an active fellow in 1923. Article VII, Financial, also indicated that the initiation fee and dues remained at $100 and $10, respectively.

August 3, 1947, Hotel Statler, Boston, Massachusetts: This was the first national convocation held since 1941; regular annual meetings had been interrupted by World War II. The secretary presented an interim report calling for ratification of several mail ballots that had been submitted during the “emergency.” In the absence of annual meetings during the war period, the Board of Regents recommended that several proposed amendments to the bylaws be submitted to the membership by mail ballot “believing that the membership would approve such suggestion under the circumstances.” It was understood that the same amendments would be presented at the first annual meeting for final endorsement. Among the amendments was one that established what are now known as local consultant reports for fellowship nominations. The specific language stated, “Selected Fellows in the state, division, or area in which the nominee
resides...may interpose possible valid objections or furnish desired information, before action by the Board of Censors and final action by the Board of Regents.”

Another amendment indicated that the “Board of Editors of the Journal shall elect an Editor, an Associate Editor, and an Assistant Editor; and a maximum of ten Contributing Editors for terms not to exceed five years.”

A resolution was submitted by mail ballot under date of December 9, 1944, asking members if they favored rescinding the following resolution that had been adopted in Atlantic City on July 11, 1937: “Resolved, that the American College of Dentists will not admit to membership any person holding membership in any similar honorary dental organization. Fellows of the American College of Dentists, who are also members of a similar organization are requested to consider the propriety of early withdrawal from one or the other.” There were 386 votes to rescind the above resolution and 307 votes not to rescind the resolution.

The By-Laws Committee chaired by Dr. H. O. Lineberger submitted a report suggesting changes to the constitution and bylaws. An interesting recommendation stated that a “[h]istorian is recommended as a member of the official family because of the history of the college and other historical documents relating to dentistry should be prepared by one who has official status and sanction in the College.” The recommendation went on to state, “This officer should be elected for a stated period of one to three years, not in perpetuity.” The committee also recommended that three additional regents be added to the Board of Regents “to meet the growing need for a more wide-spread geographical distribution....” This would increase the number of regents to eight, a number which remained in place until 2007 when “At-Large Regents” were created, normally four in number.

**September 12, 1948**, Sherman Hotel, Chicago, Illinois: The ballots for the proposed constitution and bylaws changes were counted, then presented by the secretary. An editor and historian were both approved as officers of the college by a vote of 486 to 6. The number of regents was also increased from five to eight by a vote of 482 to 14. The term of regents was also reduced from five years to four years. Another interesting change was that in “the absence or disability of the President, the Vice-President shall perform the duties of the President,” and as continued in the next paragraph, “the President-elect shall perform the duties of the President in the absence or disability of the President and Vice-President.” As part of this general meeting Dr. Lineberger, chair of the By-Laws Committee, proposed two categories of membership, specifically “(1) **Associate membership** for persons not holding dental degree but who were devoting much time to dentistry and, (2) **Life or a Non-Dues-paying membership**.”

**September 27, 1953**: A small, orangish pamphlet titled “Constitution and By-Laws” was published by the college. It is very similar to the one dated July 1, 1944. Section B of the bylaws section of the pamphlet indicated that the secretary, editor, and historian “shall be selected by the Board of Regents for such periods and on such terms as the Board of Regents may determine for the proper administration of the central office, the proper conduct of the journal and the recording of historical data of the College.” The three were to be ex-officio officers of the Board of Regents, without vote. As stated in the 1944 bylaws pamphlet, Article II, Membership, continued to indicate that active members consisted of dentists and others who have made notable contributions to dentistry.

**September 30, 1956**, Chalfonte-Haddon Hall, Atlantic City, New Jersey: Dr. William N. Hodgkin, chair of the By-Laws Committee, stated that the committee had made an attempt to thoroughly revise the constitution and bylaws. Further, that while a few items still needed attention, he asked the privilege of presenting the proposal to the members by mail, through the secretary. Action on the proposed changes, to be taken at the next convocation, was approved.

**November 9, 1958**: A small, yellow pamphlet titled “Constitution and Bylaws” was published by the college. The purposes and objectives of the college were stated in Article II of the constitution section:

a) To promote the ideals of the dental profession.

b) To advance the standards and efficiency of dentistry.

c) To encourage graduate studies and continuing educational effort by dentists.

d) To encourage, stimulate, and promote research.

e) To improve public understanding and appreciation of oral health service.

f) To encourage the development and use of measures for the control and prevention of oral disorders.

g) To cooperate with other groups for the advancement of professional relationships in the interest of the public.
To recognize meritorious achievement, especially in dental science, art, education, literature, and human relations by conferring Fellowship in the College on those persons properly selected to receive such honor.

Article III of the constitution indicated that the registered office of the college was to be referred to as the “Central Office.” Article V distinguished the president, president-elect, vice-president, and treasurer as elected officers and the secretary, editor, and historian as appointive officers. Article VIII indicated that “Retention of Fellowship in the College shall be dependent upon the observance of the Code of Conduct as set forth in Article I, Section 9 of the Bylaws.” This is one of the earliest references to a Code of Conduct. The code apparently surfaced sometime between late 1953 and late 1958.

Article I of the bylaws section stated that active members “shall hold membership in the American Dental Association, the Canadian Dental Association, or other appropriate foreign equivalents; or, if an Active Fellow is a teacher in a dental school but does not [emphasis added] hold a dental degree, he shall hold membership in the special organizations representing his particular field of interest.”

Similar to the code of conduct language above, this membership provision was evidently added between the date of the orangish 1953 pamphlet and the date of this 1958 pamphlet.

November 9, 1958, Baker Hotel, Dallas, Texas: Two amendments to the bylaws were unanimously approved. The first established the annual membership dues at $20. The second stated, “A Fellow in good standing shall be continued without dues on January 1 following his attainment of seventy-five (75) years of age.”

October 12-13, 1963, Haddon Hall, Atlantic City, New Jersey: Dr. George W. Teuscher, chair of the Bylaws Committee, presented recommendations for changes to the constitution and bylaws. It was recommended that Article II, Purposes and Objectives, of the constitution section be changed to read: “The American College of Dentists, in order to promote the highest ideals of the dental profession, advance the standards and efficiency of dentistry, develop good human relations and understanding with the public, and extend the benefits of dental health services to the greatest number declares and adopts the following principles and ideals as ways and means for the attainment of these goals:

a. To encourage qualified persons to consider a career in dentistry so that the public may be assured of the availability of dental health services now and in the future;

b. To urge broad preparation for such a career at all educational levels;

c. To encourage graduate studies and continuing educational efforts by dentists;

d. To encourage, stimulate, and promote, dental research;

e. To urge the development and use of measures for the control and prevention of oral disorders;

f. To improve the public understanding and appreciation of oral health service and its importance to the optimum health of the patient through sound public dental health education;

g. To encourage the free exchange of ideas and experiences in the interest of better service to the patient;

h. To cooperate with other groups for the advancement of inter-professional relationships in the interest of the public;

i. To urge upon the professional man the recognition of his responsibilities in the community as a citizen as well as a contributor in the field of health service; and

j. To encourage individuals to further these objectives, and to recognize meritorious achievements and potentials for contributions to dental science, art, education, literature, human relations, and all other areas that contribute to the welfare and the promotion of these objectives; by conferring fellowship in the college on such persons properly selected to receive such honor.”

It is interesting to note that, outside of the use of the term professional, there is no specific reference to ethics, ethical behavior, or professionalism in the above-stated purpose; that, however, is covered in the Code of Conduct found in Article I, Section 9, of the bylaws section.

October 13, 1963: A small, yellow pamphlet titled “Constitution and Bylaws” was published by the College. The purpose reflects changes recommended at the meeting of October 12-13, 1963 in Atlantic City. Similar to the 1958 pamphlet, Article I of the bylaws stated that “Active fellows of the American College of Dentists, who are in practice, employed in teaching or in the administration of programs of dental health service, shall hold membership...”
in the American Dental Association, the Canadian Dental Association, or other appropriate foreign equivalents; or if an Active Fellow is a teacher in a dental school but does not [emphasis added] hold a dental degree, he shall hold membership in the special organizations representing his particular field.” This language clearly indicates that there were conditions through which non-dentists could be fellows as late as 1963. Article I also indicated that any fellow “may nominate individuals for active Fellowship, provided that the nominees and nominators are members of the same Constituent Dental Societies or are members of the same Federal Dental Service, except as provided in Article IV . . . .” This Article I requirement for nominations has not been in place for many years although further research would no doubt clarify its lifespan and eventual disposition.

November 8, 1964, Fairmont Hotel, San Francisco, California: Dr. George W. Teuscher, Chair, presented a report of the Bylaws Committee. President Rounds called for a vote and the changes to the bylaws were unanimously approved. There were a number of modifications, including to Section 5 of Article I, which stated, “the name of the nominee [for fellowship] shall be submitted to the Officers of the Section in which the nominee resides, to enable these officers to interpose possible objections, details of same to be supplied. If valid objections are offered, the nomination shall be returned to the Board of Censors for further investigation.”

Similar to the 1958 pamphlet, the language changed in Article I, Section 9, has similarities to what comprises the current Code of Conduct. The Section 9 revision specified actions that could lead to forfeiture of fellowship, including those who “are guilty of unethical or unprofessional conduct or moral turpitude” or who “are in any way in violation of the Principles of Ethics of the American Dental Association or the equivalent representative organization in the country in which they practice and hold membership.” Other language in Section 9 indicated fellowship could be forfeited if members “give, promote, or participate in courses of instruction [sic], study clubs, seminars . . . under any auspices other than those of a recognized dental society, an approved dental school or other non-profit professional or educational agency.” Fellowship was also jeopardized for charging “exorbitant fees for courses of instruction.” The membership (initiation) fee was set at $250 and the annual dues at $35.

As part of this overall meeting the secretary reported on several polls. Poll 1 asked, “Do you approve an amendment to the Bylaws that would reduce the age requirement for Life Membership from 75 years to 70 years,” which indicates that a “life” member category had been established by this date.

November 7, 1965, Flamingo Hotel, Las Vegas, Nevada: The Board of Regents suggested a change to the purposes and objectives of the college found in the preamble recommended on October 12-13, 1963, in Atlantic City: “The American College of Dentists, in order to promote the highest ideals of the dental care, advance the standards and efficiency of dentistry, develop good human relations and understanding, and extend the benefits of dental health to
the greatest number, declares and adopts the following principles and ideals as ways and means for the attainment of these goals:
a. To urge the development and use of measures for the control and prevention of oral disorders;
b. To encourage qualified persons to consider a career in dentistry so that the public may be assured of the availability of dental health services now and in the future;
c. To urge broad preparation for such a career at all educational levels;
d. To encourage graduate studies and continuing educational efforts by dentists;
e. To encourage, stimulate, and promote dental research;
f. To improve public understanding and appreciation of oral health service and its importance to the optimum health of the patient through sound public dental health education;
g. To encourage the free exchange of ideas and experiences in the interest of better service to the patient;
h. To cooperate with other groups for the advancement of interprofessional relationships in the interest of the public; and
i. To urge upon the professional man the recognition of his responsibilities in the community as a citizen as well as a contributor in the field of health service.
j. In order to give encouragement to individuals to further these objectives, and to recognize meritorious achievements and potentials for contributions to dental science, art, education, literature, human relations and other areas that contribute to the human welfare and the promotion of these objectives—to confer fellowship in the college on such persons properly selected to receive such honor.”

August 15, 1969: The Committee on Bylaws recommended several changes to the bylaws to be addressed at the meeting of the Board of Regents at the Waldorf Astoria Hotel, New York, on Friday, October 10, 1969. One change in Article IX recommended that the latest edition of Sturgis Standard Code of Parliamentary Procedure should apply to meetings. Minor changes to the preamble were also recommended. Dr. J. L. Jones made a report at this meeting for Dr. Huxtable, the historian, indicating the position of historian was viable as of this date.

November 5–9, 1970, International Hotel, Las Vegas, Nevada: The minutes reference a report submitted by the executive director, which indicates the position of secretary had already been nominally changed to executive director.

October 8–11, 1971, Traymore Hotel, Atlantic City, New Jersey: A motion was referred to the Committee on Bylaws that the historian be an ex-officio member of the Board of Regents. The disposition of the office of historian is unclear beyond this point, but could likely be clarified with additional research.

October 24–28, 1973, Rice Hotel, Houston, Texas: Bylaws-related business was being addressed by the Coordinating Committee. A number of mostly minor changes to the bylaws were suggested. One proposal was to reorganize the American College of Dentists into eight regencies, which would associate regents with geographic regencies. The issues associated with representing the federal dental services on the Board
of Regents, such as wide geographic distribution and mobility, could not be resolved.

March 25, 1974: As evidenced in Article XV of the current bylaws, the last major revision to the bylaws was formally adopted on this date, forming the basis for the document now in place.

October 22-26, 1975, Chicago, Illinois: The Coordinating Committee recommended changes to the bylaws regarding nomination procedures for regents, specifically that Regency Nominating Committees submit the names of at least two fellows in good standing for eligible regent positions.

April 15-16, 1977, Holiday Inn, Bethesda, Maryland: The position of historian had obviously faded by this date as board minutes include a motion that passed directing the “Executive Director engage a Fellow as an archivist-historian on a cost-reimbursement basis.”

April 29-30, 1978: The By-Laws Committee suggested several changes to the bylaws. One change was to remove the specific names of regents in the official document so that a change is not necessary each time a new regent is elected.

March 31 to April 1, 1979: Several changes were recommended to the bylaws, including: (a) “Each Fellow of the College must be a Fellow of a Section of the College” except life fellows who may elect to be members of a section of their choice; (b) each fellow could choose the section preferred by him or her except life fellows who may [optionally] choose to belong to a section; and (c) it was mandatory that sections have at least one business meeting a year and that joint meetings with other organizations are considered social gatherings and are not to be represented as meetings of the college. A change was also presented in the report of the Bylaws Committee regarding regent vacancies and that such vacancies should be “filled for the remainder of the year by the most immediate past Regent from that Regency who will serve.”

April 7, 1983, Bethesda, Maryland: It was recommended that the bylaws be amended so that the rules of parliamentary procedure used by college be “Robert’s” instead of “Sturgis.”

April 1986: The Bylaws Committee recommended though Motion 50 “That the immediate Past President of the College be considered as a member of the Board of Regents for [a term of] one year.” This bylaws provision was adopted, as the office of immediate past president appears the following year in the bylaws.

October 6-7, 1987, Las Vegas Hilton, Las Vegas, Nevada: It was recommended that a change to the bylaws be adopted stating that an additional duty of the Executive Committee was to be “responsible for planning future strategies of the College and...report its recommendations to the Board of Regents for consideration and action.” The proposal carried.

October 4-5, 1988, Washington Hilton, Washington, DC: Besides another minor action, it was mentioned that the Constitution and Bylaws Committee was working on “modification and revision” of the bylaws for presentation to the April 1989 meeting of the Board of Regents.

October 5-6, 2005, Philadelphia Marriott, Philadelphia, Pennsylvania: The vote to the membership was reported to the Board of Regents at its fall meeting approving two major changes to the bylaws: (a) the orator and marshal were removed from the bylaws as appointive officers of the college and (b) the president-elect was moved above the vice president in terms of succession in the event the president could not serve.

October 24-25, 2007, San Francisco Hilton & Towers, San Francisco, California: The vote to the membership was reported to the Board of Regents at its fall meeting approving two changes to the bylaws: (a) the creation of up to four “At-Large Regents” and (b) the establishment of a Sections Committee. The approved changes are reflected in the text of the current bylaws that follow, specifically Articles I, V, and XI.

October 5-6, 2010, Rosen Centre Hotel, Orlando, Florida: The vote to the membership was reported to the Board of Regents at its fall meeting approving three changes to the bylaws: (a) the creation of an “affiliate” membership category, which was needed to accommodate non-geographically-based sections such as the American Society for Dental Ethics Section; (b) making the Board of Regents the final decision-making body in matters involving fellowship,
Discussion

The current bylaws of the American College of Dentists contain a few minor errors and inconsistencies. The near-term plan is to follow the procedures in place to address these issues. The longer-term plan includes a more thorough review of the entire bylaws, which may lead to a large-scale revision. A copy of the current document is presented below in the following material.

As the college embarks on the next century, its bylaws will no doubt adapt to the challenges ahead. Some of the glitches encountered with this overview should improve in future studies as the archiving and cataloging of relevant college records becomes a reality.

William J. Gies. By 1939 these two positions were held by different individuals. A historian was added in 1939, a position also held by Dr. Gies, but this position was not initially reflected in the bylaws. A 1958 copy of the bylaws gives the appointive officers of the college as secretary, editor, historian, orator, and marshal. In 1986 an immediate past president was added to the bylaws as an officer. At-large regents were added in 2007, up to four in number. The orator and marshal positions were removed from the bylaws in 2005. There is some conflicting information, particularly with the earlier records, regarding which officer positions were ex officio or unofficial. Appointive officers do

The evolution of the bylaws of the American College of Dentists is rather typical for a professional organization with a near-100-year history. The bylaws began in 1920 with a simple, page-and-a-half document that has grown steadily to the extensive document presented following. Over the years the bylaws have gone through several changes in nomenclature: initially “By-Laws,” then “Constitution and By-Laws,” followed by “Constitution and Bylaws,” and currently just “Bylaws.” Several organizational characteristics can be traced through changes to the bylaws.

One important development is the growth of the college’s stated purpose over the years. The language has steadily evolved and consistently included near the opening of each edition of the bylaws. In 1920 it was an “object” comprising a single sentence. At several times in the history of the college, more specific objectives have been added. Some of these changes are mentioned above. But there is no record of the discussion and decision regarding the current set of nine objectives that have been listed on the inside front cover of the journal for the past 25 years. A more thorough and detailed statement comprises the preamble of the bylaws in force in 2019. Though not directly stated in the original bylaws, ethical conduct of fellows has been a concern since the founding and has often surfaced in the bylaws. By November 9, 1958 a code of conduct had been incorporated into the bylaws and this was eventually codified into a separate document with that title, at least by the early 1970s.

The evolution of the governing structure can be traced through the bylaws and minutes. In 1920 a president, vice-president, secretary, and treasurer comprised the officers and these accompanied five directors. The following year or shortly thereafter, the directors became regents. In 1933 an assistant secretary was added and the following year a president-elect was included. Interestingly, in terms of succession, the president-elect was originally behind the vice-president. A combination assistant secretary and editor was found in 1934, and this appears to have accommodated Dr.
not appear to have been included in early bylaws so tracking those positions is more difficult. There are also a few open questions that would benefit from further study. For example, the historian position appears to have simply faded. The historian is last found in minutes in 1970, and in 1977 the board is discussing the acquisition of a fellow to serve as an assistant archivist-historian. By 1976 the position had been removed from the bylaws as shown in the Fellowship Guide of that year.

The maturation of membership categories is another change of interest. The college started with only active membership in 1920. Although honorary fellowship has been awarded since 1930, it was only officially recognized in the bylaws in 1937. The timing of the addition of the life membership category is less clear. It was proposed in 1948, but it is uncertain when it was actually included in the bylaws; the life category is reflected in a bylaws copy from 1971. The “Active Retired” category was envisioned in 1990 and officially adopted in 1994. In 2010 affiliate members were included in the bylaws to accommodate the integration with the American Society for Dental Ethics as a non-geographically-based section.

Other changes are reflected in the procedures for nominating individuals for fellowship. A nominee did not have to be a dentist for more than four decades after the founding of the college. The bylaws of both July 1, 1944, and September 27, 1953, indicate that active members consisted of both dentists and others. A statement in the October 13, 1963, bylaws pamphlet implies that policy was still in place, stating in part that, “if an Active Fellow is a teacher in a dental school but does not [emphasis added] hold a dental degree he shall hold membership in the special organizations representing his particular field.” Further changes include the transition from a Board of Censors to a Credentials Committee and inclusion of local consultants to the process. The confidentiality of the nomination process has been a concern from the beginning. Initially, nominees were apparently made aware of their nominations. That transitioned rather early to the now longstanding practice of shielding nominees from knowledge of their nominations for fellowship. The focus on confidentiality has further evolved to the current status wherein board members do not know the identities of the members of the Credentials Committee nor are the identities of nominators shared with that committee in its deliberations.

As the college embarks on the next century, its bylaws will no doubt adapt to the challenges ahead. Some of the glitches encountered with this overview should improve in future studies as the archiving and cataloging of relevant college records becomes a reality.

References

American College of Dentists (1921–). Minutes of the meetings of the Board of Regents of the American College of Dentists. Multiple vols., some indexed; bound copies at the executive office.


American College of Dentists (1976-2007). Fellowship guides [includes bylaws after 1975], St. Louis and Gaithersburg: published by the American College of Dentists; bound copies at the executive office.


1. **NAME.** The name of the corporation shall be the American College of Dentists.

2. **OBJECT.** The object of the College shall be to elevate the standards of dentistry, to encourage graduate study, and to grant Fellowships to those who have done meritorious work.

3. **MEMBERSHIP.** The membership shall consist of dentists who have made notable contributions to dentistry, or who have done graduate work of a character satisfactory to this College. Such members shall be designated as Fellows.

4. **OFFICERS.** The Officers shall consist of a President, a Vice-President, a Secretary and a Treasurer.

5. **DIRECTORS.** The Board of Directors shall consist of the President, the Secretary, and five other members of the College.

6. **CENSORS.** The Censors shall consist of five members of the College.

7. **DUTIES OF OFFICERS.** The duties of the President shall be to preside at all meetings of the College and of the Board of Directors, and at all convocations for the conferring of Fellowships. The duties of the Vice-President shall be to assume the duties of the President in his absence. The duties of the Secretary shall be to attend and keep records of all meetings, to receive all monies of the College, and to remit to the Treasurer. He shall issue orders on the Treasurer for the payment of all bills authorized by the Board of Directors. He shall perform such other duties as usually pertain to this office. The Treasurer shall disburse all funds on order of the Secretary. He shall make a detailed report in writing to the Board of Directors, at each annual meeting, of the monies received and expended. He [sic] The Board of Directors shall formulate rules for the admission of Fellows. They shall elect the Board of Censors, who shall consist of five members, one to be elected annually except at the first election, when five members shall be elected, one to serve one year, one to serve two years, one to serve three years, one to serve four years and one to serve five years. The Directors shall make a detailed report at the annual meeting of the College. The Censors shall receive nominations for membership in the College which shall be accompanied by a written statement of the qualifications of the candidate, shall make a careful investigation of the character and attainments of the candidate, and shall recommend to the Directors such individuals as are found worthy of the degree.

8. **ELECTION OF OFFICERS.** The President, Vice-President, Secretary, Treasurer, and one member of the Board of Directors shall be elected annually, to serve for one year, or until their successors are elected and installed, except the first Board elected under this Constitution, when five members shall be elected, one to serve one year, one to serve two years, one to serve three years, and one to serve four years, and one to serve five years.
9. NOMINATION AND ELECTION OF MEMBERS. Any member of the College may nominate a candidate for the Fellowship. All nominations must be made in writing to the [Board of] Censors at least six months before the annual meeting, which nomination shall be kept inviolate by the nominee and the Censors until such time as it is favorably reported upon. Recommendations shall be made only on the unanimous vote of the Censors [4 of 5 votes in 1921], which must be ratified by the Board of Directors to constitute an election.

10. FOUNDERS. The Committee on Organization shall be known as the Founders of the College, and shall become Fellows thereof upon payment of the initiation fee and the signing of the roster. The following is a list of the Founders:

   H. D. Cross [H. DeWitt Cross], Boston, Mass.
   Albert L. Midgeley, Providence, R. I.
   V. H. Jackson [Victor H. Jackson], New York, N. Y.
   Clarence J. Grieves, Baltimore, Md.
   J. F. Biddle [John F. Biddle], Pittsburgh, Pa.
   Thomas P. Hinman, Atlanta, Ga.
   [Milus]. M. House, Indianapolis, Ind.
   C. Edmund Kells, New Orleans, La.
   N. S. Hoff [Nelville S. Hoff], Ann Arbor, Mich.
   Chalmers J. Lyons, Ann Arbor, Mich.
   William A. Giffin [sic, Giffen], Detroit, Mich.
   Thomas L. Gilmer, Chicago, Ill.
   C. N. Johnson [Charles Nelson Johnson], Chicago, Ill.
   Frederick B. Noyes, Chicago, Ill.
   Otto U. King, Chicago, Ill.
   Arthur D. Black, Chicago, Ill.
   H[enry]. L. Banzhaf, Milwaukee, Wis.
   Thomas B. Hartzell, Minneapolis, Minn.
   R[oscoe]. H. Volland, Iowa City, Ia.
   John V. Conzett, Dubuque, Ia.
   Charles E. Woodbury, Council Bluffs, Ia.
   Guy S. Millberry, San Francisco, Cal.
   Julio Endelman, Los Angeles, Cal.
   Harvey J. Burkhart, Rochester, N. Y.
   John P. Buckley, Los Angeles, Cal.

11. FEES. The initial fee shall be $100.00. The annual dues shall be $5.00.

12. COLORS. The colors of the College shall be lilac and American rose.
The American College of Dentists, Inc., a non-profit, non-stock society incorporated in Maryland, hereby designates the following rules and regulations as its corporate Bylaws.

Preamble
The American College of Dentists, in order to promote the highest ideals, develop good human relations and understanding and extend the benefits of good dental health to all, declares and adopts the following principles and objectives as ways and means for the attainment of these goals:

a. To promote within the dental profession the highest ethical standards, stimulate interprofessional relationships, and urge upon the professional person recognition of his responsibility to participate in the affairs of society as a citizen of the community;
b. To take an active role in the support of dental education and research;
c. To encourage qualified persons to enter the profession of dentistry;
d. To encourage graduate education and improve continuing educational efforts by dentists and auxiliaries;
e. To encourage the free exchange of ideas and experiences in the interest of the patient;
f. To foster the extension and improvement of measures for the prevention and control of oral disorders;
g. To confer Fellowship in the College on individuals in recognition of meritorious achievement and their potential for contributions in dental science, art, education, literature, human relations, and other areas that contribute to human welfare and to give encouragement to them to further the objectives of the College.

Article I—ORGANIZATION
Section 1. NAME: The name of the corporation shall be the American College of Dentists, hereafter referred to as the College.

Section 2. OBJECTIVES: The College is a non-profit organization dedicated to the purpose and objectives stated in Article II of its Articles of Incorporation and the Preamble to these Bylaws.

Section 3. MEMBERSHIP: Membership in the College, hereafter called Fellowship, shall consist of those persons, known as Fellows, who shall be selected in conformity with Article II of these Bylaws.
Section 4. REGENCIES: The College shall be organized into eight Regencies as follows:

**Regency 1**
- Connecticut
- Maine
- Massachusetts
- New Brunswick, Canada
- Newfoundland, Canada
- New Hampshire
- New York
- Nova Scotia, Canada
- Prince Edward Island, Canada
- Quebec, Canada
- Rhode Island
- Vermont

**Regency 2**
- Delaware
- District of Columbia
- European Section
- Federal Services Section
- Maryland
- New Jersey
- Pennsylvania
- Virginia

**Regency 3**
- Alabama
- Florida
- Georgia
- North Carolina
- Puerto Rico Section
- South Carolina

**Regency 4**
- Indiana
- Kentucky
- Michigan
- Ohio
- Ontario, Canada
- West Virginia

**Regency 5**
- Illinois
- Iowa
- Kansas
- Minnesota
- Missouri
- Nebraska
- North Dakota
- South Dakota
- Wisconsin

**Regency 6**
- Arkansas
- Louisiana
- Mississippi
- Oklahoma
- Tennessee
- Texas

**Regency 7**
- Arizona
- California
- Hawaii
- Nevada
- New Mexico

**Regency 8**
- Alaska
- Alberta, Canada
- British Columbia, Canada
- Colorado
- Idaho
- International Fellows
- Manitoba, Canada
- Montana
- Oregon
- Saskatchewan, Canada
- Utah
- Washington
- Wyoming

[The Regency outline above has been updated for this report and is organized by State or Province except for: a) the inclusion of the European, Federal Services, and Puerto Rico Sections, which are non-geographically based; b) the American Society for Dental Ethics, which is not under a Regency; and c) International Fellows, who are not assigned to Sections.]

a. Composition—Each Regency shall consist of all Fellows whose official address is within the Regency.

b. Purpose—Each Regency shall nominate and elect a Fellow, an Elected Regent from that Regency only, to the Board of Regents as provided in Article V, Section 2.
Section 5. GOVERNMENT: The government of the College is vested in its Fellows, as exercised in their voting rights and in the groups named in Section 6 of this Article.

Section 6. OPERATION: The operation of the College shall be vested in a Board of Directors, hereinafter called the Board of Regents (Article V, Section 1) and such Committees as may be from time to time appointed by the President and approved by the Board of Regents.

Section 7. ELECTED OFFICERS: The Elected Officers of the College shall be a President, a President-elect, a Vice President, a Treasurer, and an Immediate Past President.

Section 8. APPOINTED OFFICERS: The Appointed Officers of the College shall be an Executive Director and an Editor, each of whom shall be appointed by the Board of Regents as provided in Article IV, Section 2 of these Bylaws.

Article II—FELLOWSHIP AND AFFILIATE MEMBERSHIP

Section 1. CLASSES OF FELLOWSHIP AND AFFILIATE MEMBERSHIP: The Fellowship of the College shall consist of Active, Life and Honorary Fellows.

a. Active Fellows—Persons elected to be Active Fellows shall be dentists who, through unselfish devotion, have made notable contributions to the advancement of the dental profession. Such contributions may have been made in various fields of endeavor such as education, literature, science, organizational activities, and community service—provided that the contributions have been in the interest of the public and/or the profession. Active Fellows of the American College of Dentists must hold membership in the American Dental Association, the Canadian Dental Association, or other appropriate international equivalents. This continuing membership requirement can be waived by the Board of Regents for special cause in individual cases when deemed in the best interests of the College. Those Fellows without dental degrees who were elected to the College prior to 1984 shall continue to hold all the rights and privileges of Active Fellowship. Active Fellows shall have all the privileges of Fellowship including the right to vote and hold office. Please refer to Article III, Section 4.

b. Active/Retired Fellows—Persons who have retired completely from dentistry shall qualify for Active/Retired status and pay reduced annual dues. To qualify, an individual must have been a Fellow of the College for a minimum of five years. They shall have all the privileges of Active Fellows.

c. Life Fellows—On January 1st following the attainment of age seventy (70) and after at least five (5) years of Fellowship in good standing, Active Fellows shall be awarded Life Fellowship. They shall have all the privileges of Active Fellowship, except that dues payment becomes voluntary instead of compulsory (See Article III, Section 4.c.).

d. Honorary Fellows—Persons elected by the Board of Regents to be Honorary Fellows shall be individuals who, through eminent service, have prompted the advancement of dentistry and human welfare. Honorary Fellows shall have all the privileges of Fellowship except those of voting and holding elective office. Honorary Fellows belonging to a Section authorized to have Affiliate Members may hold elective office in that Section and vote in Section-level activities of that Section.

Affiliate Membership is a non-Fellow membership class that is restricted to Sections authorized by the Board of Regents to have Affiliate Members. Sections authorized to have
Affiliate Members are normally non-geographically based and characterized by a common issue or interest.

d. Affiliate Members-People accepted for membership in Sections authorized to have Affiliate Members who are not already Fellows of the College shall be Affiliate Members. Selection of persons for Affiliate Membership shall be conducted by the Section under the overall guidance and oversight of the Board of Regents. Affiliate Members cannot vote, hold elective office, nominate dentists for Fellowship, or submit nominations for national awards. The exception is that Affiliate Members may hold elective office in their Section and vote in Section-level activities of their Section. Affiliate Members cannot conduct official Section business unless they hold elective office in their Section. Affiliate Members should share the common issue or interest of their Section and they do not have to hold a dental degree. Affiliate Members do not have to hold membership in the American Dental Association or international equivalent, although they are strongly encouraged to do so. Affiliate Members pay reduced national dues to the College.

Section 2. METHOD OF SELECTION FOR ACTIVE FELLOWSHIP: Active Fellowship shall be conferred only after a proper nomination has been appraised by the Committee on Credentials, which shall evaluate it in terms of the nominee’s outstanding professional qualities, his/her contributions, and unselfish devotion to the dental profession. The reports of the Local Consultants and the Section Officers shall be considered before the Credentials Committee recommends to the Board of Regents that an invitation to Fellowship be extended. Acceptance of the invitation to Fellowship indicates concurrence with the conditions of Fellowship. Personal applications for Fellowship shall not be considered.

Section 3. NOMINATION PRIVILEGE: Any Fellow of the College in good standing, joined by a second Fellow of the College in good standing, may nominate individuals for Active Fellowship.

Section 4. NOMINATION PROCEDURE: A nomination must be presented on a fully executed copy of the official nomination form, to the Executive Director of the College before January 15th of the year in which it is to be considered. After a nomination has been received, the name of the nominee shall be submitted to the Executive Director of the College, to selected Local Consultants, and to the officers of the Section in which the nominee resides, or the Federal Service in which the nominee serves, so that they may support the nomination or interpose possible valid objections with clear statements of fact, in writing, before action by the Committee on Credentials and final action by the Board of Regents. Knowledge of the nomination shall be shared only by the nominators, Executive Director, the Committee on Credentials, Local Consultants, Section Officers and Board of Regents until the invitation to Fellowship is extended.

Section 5. ELECTION TO FELLOWSHIP: After a nominee has been recommended for Active Fellowship by the Committee on Credentials, he/she may be elected to Fellowship by a majority vote of the Board of Regents.

Section 6. ADMISSION: The procedures attending admission of Fellowship and conferring of Fellowships shall be determined by the Board of Regents. The title of Fellow of the American College of Dentists (F.A.C.D.) may not be used by, and the certificate of the College shall not be presented to, any individual before Fellowship has been conferred upon him/her.
Section 7. CONFERRING OF FELLOWSHIP:
   a. Fellowship shall be conferred by the President, or the President-elect, or the Vice President, acting on behalf of the total Fellowship of the College.
   b. Fellowships shall be conferred during annual Convocations of the College. In emergencies precluding annual Convocations, the Board of Regents may authorize and designate Officers of Sections to confer Fellowships in the name of the College.
   c. In an instance of the unavoidable absence of a Fellow-elect, or for any unusual reason, on recommendation of the Board of Regents, Fellowship may be conferred in absentia.

Section 8. RECALL OF INVITATION TO FELLOWSHIP: The Board of Regents may recall, by 2/3 majority vote, an invitation extended to any individual who fails to complete all requirements for Fellowship by the close of the first Annual Meeting following the issuance of the original invitation, or over a reasonably extended period thereafter; also, recall may occur following receipt of valid information which questions the candidate’s qualifications as initially appraised by the Committee on Credentials and Board of Regents.

Section 9. CODE OF CONDUCT GOVERNING FELLOWSHIP: A Code of Conduct establishing principles of professional behavior for Fellows shall be maintained as a document separate from these Bylaws. Alleged infractions of this Code of Conduct shall be investigated in accordance with Section 10 of this Article.

Section 10. INVESTIGATION OF ALLEGED INFRACTIONS OF THE CODE OF CONDUCT:
   a. Alleged infractions of the Code of Conduct must be reported, in writing, to the Membership Committee;
   b. The Committee shall make an appropriate investigation of, and when possible, attest to the validity of the alleged infraction;
   c. The Committee shall have the authority to dismiss unfounded or unsubstantiated allegations;
   d. If the infraction is determined to be valid, the accused Fellow is notified in writing of the charges and is asked to provide the Committee with a written statement regarding the alleged infraction;
   e. The Membership Committee’s recommendations are forwarded to the Board of Regents for action.

Section 11. APPELLATE PROCEDURES:
   a. If action by the Board of Regents results in divestiture of Fellowship or serious reprimand, the accused Fellow shall be entitled to a hearing before the Board of Regents at a time and location to be determined by the Board of Regents.
   b. The accused Fellow and the Board of Regents shall have the right to counsel and to cross-examine witnesses.
   c. The hearing shall be limited to evidence and witnesses related to the alleged infraction only.
   d. The decision of the Board of Regents shall be final and presented to the accused Fellow in writing no more than 14 days following the hearing.

Section 12. RETURN OF FELLOWSHIP CERTIFICATE: Upon resignation, forfeiture, or divestiture of Fellowship, a Fellow shall return the Certificate of Fellowship to the Executive Office or the Secretary of the Section to which he/she belonged.
Section 13. CODE OF CONDUCT GOVERNING AFFILIATE MEMBERS: A Code of Conduct establishing principles of professional behavior for Affiliate Members shall be maintained as a document separate from these Bylaws. Alleged infractions of this Code of Conduct shall be investigated in accordance with Section 14 of this Article.

Section 14. INVESTIGATION OF ALLEGED INFRACTIONS OF THE CODE OF CONDUCT:

a. Alleged infractions of the Code of Conduct must be reported, in writing, to the Membership Committee;

b. The Committee shall make an appropriate investigation of, and when possible, attest to the validity of the alleged infraction;

c. The Committee shall have the authority to dismiss unfounded or unsubstantiated allegations;

d. If the infraction is determined to be valid, the accused Affiliate Member is notified in writing of the charges and is asked to provide the Committee with a written statement regarding the alleged infraction;

e. The Membership Committee’s recommendations are forwarded to the Board of Regents for action.

Section 15. APPELLATE PROCEDURES FOR AFFILIATE MEMBERS:

a. If action by the Board of Regents results in termination of Affiliate Membership or serious reprimand, the accused Affiliate Member shall be entitled to a hearing before the Board of Regents at a time and location to be determined by the Board of Regents.

b. The accused Affiliate Member and the Board of Regents shall have the right to counsel and to cross-examine witnesses.

c. The hearing shall be limited to evidence and witnesses related to the alleged infraction only.

d. The decision of the Board of Regents shall be final and presented to the accused Affiliate Member in writing no more than 14 days following the hearing.

Article III—FEES, DUES, AUDIT

Section 1. FELLOWSHIP FEE: The amount of the Fellowship fee shall be determined by the Board of Regents.

Section 2. ANNUAL DUES:

a. The amount of annual dues shall be determined by the Board of Regents.

b. The option of prepaying dues for life shall be extended to Fellows of the College.

c. The program of dues prepayment may be amended or discontinued by the Board of Regents following sixty (60) days notice.

Section 3. ASSESSMENTS: The Board of Regents may recommend special assessments to the Fellowship, but no assessments may become operative until approved by a majority vote of the Fellows as recorded by mail ballot conducted as described in Article X of the Bylaws.

Section 4. REMISSION OF FEES AND DUES:

a. For special cause in individual cases, the Board of Regents may remit Fellowship fees, annual dues, and special assessments.

b. Honorary Fellows shall be exempt from the payment of Fellowship fees, annual dues, and assessments.
c. Life Fellowship—In the case of Life Fellows, payment of annual dues shall be voluntary instead of compulsory beginning January 1st following attainment of age seventy (70), and after five (5) years of Active Fellowship in good standing.

d. Active Fellows of the College, who have retired completely from practice, teaching, and administration in dentistry, no longer earning an income from dentistry, and have attained the age of 65, are eligible and may petition the Board of Regents for retired status.

Section 5. DELINQUENT DUES: Fellows who have not paid annual dues by March 31st shall be assessed a late fee to be determined by the Board of Regents. Delinquency beyond June 30th shall result in forfeiture of Fellowship.

Section 6. AUDIT: An audit shall be conducted by a Certified Public Accountant and presented to the Board of Regents at its first meeting after the end of each fiscal year.

Article IV—OFFICERS, DUES, VACANCIES

Section 1. ELECTED OFFICERS:

a. President—The President shall preside at all meetings of the College, the Board of Regents, and Executive Committee. He/she shall preside at the induction ceremony for new Fellows. He/she shall appoint the Chair and members of all committees, unless otherwise provided for in the Bylaws. He/she shall serve as an ex-officio member without vote of all committees of the College. He/she shall perform all functions necessary to the office of the President, represent the organization, and fulfill those duties prescribed by the Bylaws or requested by the Board of Regents or Executive Committee. The President, upon completing the responsibilities of the office, shall be awarded a Life Fellowship.

b. President-elect—The President-elect shall perform the duties of the President in the absence of the President. He/she shall assist the President as requested, and he/she shall become fully acquainted with procedures in preparation for succession to the office of the President.

c. Vice President—In the absence of the President and President-elect, the Vice President shall perform the duties of the President. He/she shall act as the Regents’ coordinator and as a liaison officer to promote good public and professional relations.

d. Treasurer—The Treasurer shall be accountable for keeping current records of all receipts and disbursements of the funds and financial transactions as furnished by the Executive Director. He/she shall make periodic reports to the Board of Regents, and report to the Fellowship at the Annual Meeting.

e. Immediate Past President—The Immediate Past President shall serve as a member of the Board of Regents and Executive Committee for one year immediately following the term of office as President.

Section 2. APPOINTED OFFICERS: The Executive Director and Editor shall be Appointed Officers of the College. Each shall be appointed by the Board of Regents for such periods and on such terms as the Regents may determine for the proper administration of their respective duties.

a. Executive Director—The Executive Director shall be the Secretary of the College, shall attend and keep records of all meetings of the Board of Regents, Executive Committee, and committees thereof. He/she shall be an ex-officio, non-voting member of said committees. Under the supervision of and with the concurrence of the Treasurer, he/she shall receive all funds of the College, place
said funds in appropriate financial institutions, and satisfy the debt obligations of
the College. He/she shall perform such other duties as usually pertains to the
office, or as the Board of Regents may direct. At the expense of the College,
he/she shall furnish a blanket bond as directed by the Board of Regents. He/she
shall have the responsibility for all details attending the annual Convocation. He/she
shall serve as business manager of the *Journal of the American College of Dentists.*

a. Editor—Under the direction of the Board of Regents, the Editor shall be
responsible for the *Journal of the American College of Dentists.* He/she shall be an
ex-officio member of the Board of Regents and the Communications Committee,
without vote.

Section 3. OFFICE VACANCY: In the event an Officer is unable to serve the remainder of
his/her term, the President, with the approval of the Board of Regents, will designate
his/her replacement.

**Article V—BOARD OF REGENTS**

Section 1. COMPOSITION: The Board of Regents shall consist of the President, the
President-elect, the Vice President, the Treasurer, the Immediate Past President, and up to
twelve (12) additional active Fellows in good standing who shall be known as Regents,
characterized as eight (8) Elected Regents and up to four (4) At Large Regents. The
Executive Director and the Editor shall be ex-officio members of the Board without vote.

Section 2. NOMINATION OF ELECTED REGENTS:

a. Each Elected Regent, whose term of office will be completed at the next Annual
Meeting, must activate a Regency Nominating Committee.

b. The Regency Nominating Committee shall consist of one Fellow from each
Section in the Regency.

c. This Regency Nominating Committee shall consider all nominations for the
position of Regent and shall select one (1) Fellow in good standing for this
elective office. The slate shall be submitted to the Executive Director at least 120
days prior to the Annual Meeting (See Article XII—Election of Officers and
Regents).

Section 3. ELECTION OF ELECTED REGENTS: Following nominations presented by the
Regency Nominating Committee, or by petitions, or write-ins, two Fellows shall be elected
as Elected Regents annually (Article XII) each to serve for a period of four (4) years.

Section 4. ELECTED REGENT VACANCY:

a. In the event of a vacancy for any reason, such vacancy shall be filled for the
remainder of the year by the most immediate past Elected Regent from that
Regency who will serve. In the event none is available, a recommendation of the
Section Officers within the Regency will be considered. Appointment shall be
made by the President and approved by the Board of Regents. The remainder of
the unexpired term shall be filled according to the procedure of nomination in
Section 3 of this Article and in Article XI.

b. If for any reason an Elected Regent moves out of his/her Regency during the first
three-and-a-half years of the four-year term, the office will be declared vacant
and will be filled as in Elected Regent Vacancy above.

Section 5. APPOINTMENT OF AT LARGE REGENTS:

a. There shall be no more than four At Large Regents. The Officers shall serve as
the Nominating Committee for At Large Regents. One Fellow may be appointed
annually by the Board of Regents to serve as an At Large Regent for a period of four (4) years. An appointment to replace a retiring At Large Regent shall be made within the last year of the retiring Regent’s term.

Section 6. AT LARGE REGENT VACANCY:
   a. In the event of a vacancy for any reason, such vacancy may be filled by another Fellow appointed by the Board of Regents to serve as an At Large Regent for the remainder of the unexpired term.

Section 7. ELIGIBILITY FOR RE-ELECTION OR RE-APPOINTMENT: For at least one year after the completion of a four-year term, the retiring Elected or At Large Regent shall be ineligible for re-election or re-appointment, respectively, as a Regent.

Section 8. ELECTION OF OFFICERS: Officers shall be selected in the manner described in Article VI, Section 1.c., and Article XII for a term of one year, except the Treasurer, who shall be elected to a term of two years and shall serve no more than two consecutive terms.

Section 9. DUTIES OF THE BOARD:
   a. The Board of Regents shall conduct the business of the College (except as otherwise provided), shall receive, consider, and act upon the report of the Committee on Credentials, shall issue invitations to Fellowship, shall review and vote upon recommendations for Honorary Fellowship and awards, and shall approve the manner in which Fellowships are to be conferred.
   b. The Board of Regents shall review the purposes and objectives of the College at intervals to determine whether these purposes and objectives are abreast of both new developments within the field of dentistry and of national trends which touch the interests of the profession and the public. The Board of Regents shall evaluate the current activities of the College against the attainment of these ends, and shall establish programs to serve the general purposes and objectives of the College.
   c. The Board of Regents shall establish operating policies which shall be in harmony with the Bylaws of the College. A majority vote of the Board of Regents shall be required to change an operating policy.
   d. The Board of Regents shall establish appropriate awards, consistent with the purposes and objectives of the College.
   e. The Board of Regents shall organize a meeting of the Regents and their Section Representatives at the time the Annual Meeting.

Section 10. MEETINGS OF THE BOARD OF REGENTS:
   a. The Board of Regents shall have two (2) stated meetings each year, one of which shall be held during the Annual Meeting of the College.
   b. Special meetings may be called by a majority vote of the Board of Regents.
   c. A majority of the voting members of the Board of Regents shall constitute a quorum.
   d. In special instances or to dispose of pending matters, the President may authorize, with concurrence of the Executive Committee, a ballot to record the decisions of the Board of Regents.

Section 11. COMMITTEES AND TASK FORCES OF THE BOARD OF REGENTS:
   a. Committees of the Board are charged with performing continuing functions (e.g., consider, investigate, perform functions within their charge, recommend actions to the Board) that address administrative, operational and/or governance issues. These Committees are constituted of Board members, although the
Committee may request input from consultants. Members are appointed by the President to serve staggered terms, with one new member appointed annually to each Committee. The most senior appointed member shall serve as Chair of the Committee, with the exception of the Executive Committee. Committees report to the Board at least once per year.

1. Executive Committee—The Executive Committee shall consist of the President, President-elect, Vice President, Treasurer, Immediate Past President, and the Regents of senior (fourth-year) standing. The Executive Director and the Editor shall serve as ex-officio members, without vote. It shall have the power to act for the Board of Regents between meetings of the Board but cannot change any prior decision of the Board. (The Executive Committee may suggest changes in previous actions for Board reconsideration.) The Executive Committee will be responsible for monitoring the implementation of the College’s strategic plans. Meetings of the Executive Committee shall be called as needed by the President or upon the request of three members of the Committee. Recommendations of the Executive Committee shall be reported to the Board of Regents.

2. Finance Committee—The Finance Committee shall consist of the Treasurer and three Regents appointed by the President. Appointed members shall serve three-year terms. The Committee shall be responsible for reviewing and updating the financial and investment policies of the College, reviewing the detailed operational budget and financial reports of the College and reporting to the Board of Regents. The Committee shall meet at least once per year.

3. Awards Committee—The Awards Committee shall consist of at least four (4) but no more than five (5) Regents appointed to serve four-year terms. The Committee shall be responsible for reviewing nominations for Honorary Fellowship and for the Awards of the College and submitting recommendations to the Board of Regents during the Spring meeting. The Committee also shall be responsible for recommending any changes or revisions to the Award materials and procedures. The Committee shall meet once per year.

4. Membership Committee—The Membership Committee shall consist at least four (4) but no more than five (5) Regents appointed to serve four-year terms. The Committee shall be responsible for periodic review of membership-related policies, services, and procedures, including the Code of Conduct, and materials/procedures for Fellowship nominations and invitations, no-dues requests, reinstatements, resignations, etc. and submitting recommendations to the Board of Regents. The Committee shall also be responsible for reporting on investigations of alleged infractions of the Code of Conduct, as stated in Article II, Section 10. The Committee will meet at least once per year.

5. Bylaws Committee—The Bylaws Committee shall consist of at least four (4) but no more than five (5) Regents serving four-year terms. The Committee shall review the Bylaws, consider all proposed amendments, and submit recommendations for changes to the Board of Regents at least six months prior to the Annual Meeting.

6. Communications Committee—The Communications Committee shall consist of at least four (4) but no more than five (5) voting members from the Board of Regents to each serve a four-year term. The Editor of the JACD and Executive Director shall serve as ex-officio members, without vote, of the Committee. The Chair may utilize consultants to the Communications Committee as needed. The
Board of Regents shall appoint a Chair of the Committee. The Committee will be responsible for reviewing the overall directions of the College’s internal and external communications and developing suggestions for future strategies, as appropriate. The Committee will report to the Board of Regents at least once per year.

7. Sections Committee—The Sections Committee shall consist of at least four (4) but no more than five (5) Regents serving four-year terms. The Committee shall review and consider business related to Section activities, or otherwise directed by the President, and submit recommendations for consideration by the Board of Regents. The Committee will meet at least once per year.

8. Task Forces of the Board are created on an as-needed basis to study and recommend action and/or policy and/or carry out a specific task. In creating a Task Force, the Board of Regents will develop the specific charge for the group, the reporting schedule, and determine the date for completion of work. The President shall appoint the Task Force members and chair from the Regents and Officers. Upon completion of its work and submission of a final report to the Board, the Task Force will be disbanded automatically.

Article VI—STANDING AND SPECIAL COMMITTEES

Section 1. STANDING COMMITTEES

a. General Description—Standing Committees are charged with performing continuing functions that address administrative, operational and/or programmatic efforts of the College. These Committees shall be constituted of Fellows in good standing. Committees may request the involvement of non-Fellow consultants. Committees report to the Board at least once per year.

b. Credentials Committee:

1. The Credentials Committee shall consist of five Fellows in good standing who shall remain anonymous. Committee members shall serve a term of five years, with one new member selected annually. The most senior member of the Committee shall chair the Committee. Fellows who have served on the Credentials Committee may not be reappointed after completion of their term.

2. Annually, each Board member shall submit to the Executive Director the names of two (2) Fellows as nominees for this Committee. The Executive Director shall prepare a secret ballot of eligible nominees for the Board of Regents, and the Board shall vote on this slate. The Executive Director shall then ask the nominee receiving the highest number of votes to serve. If unable to serve, the nominee receiving the next highest vote shall be asked to serve, etc.

3. In the event of a vacancy for any reason, such vacancy shall be filled for the remainder of the year by the most immediate past committee member who will serve. The remainder of the unexpired term shall be filled according to the normal procedure of nomination to the Committee on Credentials.

4. The Committee on Credentials shall make careful study and appraisal of the character and achievement of all nominees for Active Fellowship, as submitted by the nominators through the Executive Director, on fully executed official nomination forms and from further information supplied by the Local Consultants and Section Officers. The Committee on Credentials shall submit its recommendations for Fellowship to the Board of Regents.
5. Each year subsequent to the close of the period for receiving nominations for Fellowship, the Committee on Credentials shall hold a meeting for an appraisal of the nominations received. Special meetings may be held by the Committee on Credentials, if necessary, to carry on its duties. In special instances or to dispose of pending matters, the Committee on Credentials may use a mail ballot to record its decision.

c. Nominating Committee:

1. A Nominating Committee, consisting of the President and President-elect and the three most recent Past Presidents who are able to serve will be activated each year by the President. The Immediate Past President shall serve as the Chair. The Executive Director shall be ex-officio members without a vote.

2. The names of the Nominating Committee members and the method of selecting nominees for the Officer positions of the College shall be printed in the appropriate College publication.

3. The Nominating Committee will issue a call to the Fellowship of the College to submit the name(s) and curriculum vitae/resume of Fellows in good standing as nominations for the Officer positions of Treasurer, Vice President and President-elect. This request will be issued at least five months prior to the Annual Meeting.

4. The Nominating Committee shall meet at least four months prior to the Annual Meeting of the College, on the call of the Chair.

5. The Nominating Committee will carefully review and consider all nominations submitted for the Officer positions.

6. The Nominating Committee shall select a slate of nominees for Officers, consisting of one (1) Fellow in good standing for each elective office. The slate shall be submitted to the Executive Director at least 120 days prior to the Annual Meeting. (See Article XII—Election of Officers and Regents.)

Section 2. TASK FORCES: Task Forces may be created by the Board of Regents on an as-needed basis to study and recommend action and/or policy, and/or carry out a specific task. In creating a Task Force, the Board of Regents will develop the specific charge for the group, the reporting schedule, and determine the date for completion of work. The Chair of the Task Force may be selected by the Board of Regents or left as the first order of business for the Task Force. Upon completion of its work and submission of a final report to the Board, the Task Force will be disbanded. Members of the Task Force shall include Fellows in good standing, and when appropriate, non-Fellows with expertise in the area of focus of the Task Force.

Article VII—MEETINGS OF THE COLLEGE

Section 1. ANNUAL MEETING: The College shall hold a meeting at least once each calendar year.

Section 2. CONVOCATION: One of the sessions of the Annual Meeting of the College shall be the Convocation for the conferring of Fellowships.

Section 3. SPECIAL MEETINGS: The Board of Regents, by a majority vote, may call a special meeting of the College. No other person or group of persons has authority to call special meetings.

Section 4. NOTICE OF MEETINGS: Notice of time and place of meetings, both regular and special, shall be given at least three weeks prior to the appointed date.
Section 5. QUORUM: Thirty-five (35) Fellows shall constitute a quorum for conducting business at an annual or special meeting of the College.

Article VIII—PUBLICATIONS

Section 1. PUBLICATIONS:
   a. Official Publications—The Journal of the American College of Dentists and ACD News are the official publications and as such are dedicated to the purposes and objectives of the College.
   b. Other Publications—The Board of Regents may from time to time request publication of various other types of journals, papers or newsletters.

Article IX—SECTIONS OF THE COLLEGE

Section 1. FUNCTIONS OF THE SECTIONS: The function of the Sections is to promote the purposes and objectives of the College at the local level. While the Sections are given broad latitude in the manner in which they function and carry on their activities, such activities, methods, and decisions must not run counter to the principles and policies of the College.

Section 2. SECTION ORGANIZATION, APPLICATION AND APPROVAL:
   a. Each Fellow of the College must be a Fellow of a Section of the College, except Life Fellows who may elect to be members of a Section of their choice except those outside of the boundaries of the U.S. and Canada.
   b. Local groups of Fellows may petition the Board of Regents to be chartered as a Section of the College. (See Section 3 of this Article.)
   c. The dues of Sections shall be appropriate to the requirements of the Sections.
   d. It shall be mandatory that each Section have at least one (1) business meeting each year. Joint meetings with other organizations are not to be considered official meetings of the American College of Dentists Sections.
   e. At least one Fellow in good standing of any Fellowship class must serve on the Executive Committee or equivalent of Sections authorized to have Affiliate Members.

Section 3. BYLAWS OF A SECTION:
   a. To be chartered as a Section, a local group of Fellows must adopt Bylaws for its government in harmony with the Articles of Incorporation and Bylaws of the College. A copy of the Section Bylaws and the charter petition must be submitted to the Executive Director of the College.
   b. Amendments to Section Bylaws must be approved by the Board of Regents.

Section 4. CHARTER: Upon approval of the petition and the Section Bylaws by the Board of Regents, a Section Charter shall be issued.

Section 5. JURISDICTION: The Board of Regents shall have jurisdiction over the Sections on all matters affecting the College and the Fellows and the Board of Regents shall have the authority to resolve any issue thereof.

Section 6. DISSOLUTION OF A SECTION: Any Section may be dissolved, either on official request of the Section, or for cause, by the Board of Regents; however, dissolution of a Section shall not affect any individual rights and obligations of Fellowship in the College.
Article X—RULES OF ORDER
Section 1. PARLIAMENTARY PROCEDURE: In all cases where specific provisions have not been made, Robert’s Rules of Order, Newly Revised, shall apply to all meetings.

Section 2. SPECIFIC RULES:
   a. The Board of Regents may establish rules on voting by mail ballot on ad interim matters, provided that no one of these rules establishes a margin of vote below that required for a decision at a regular meeting.
   b. A recommendation for Active Fellowship in the College shall require at least four (4) favorable votes from among the five (5) members of the Committee on Credentials. The approval for Active Fellowship shall require at least a two-thirds (2/3) majority vote of the Board of Regents.

Article XI—NOMINATIONS
Nominations for Elective Officers, Elected Regents, and At Large Regents shall be made by the Nominating Committees which shall each present a slate of nominees. Additional nominations may be made by petition signed by twenty-five (25) Fellows in good standing, or by writing a name in the appropriate space provided on the official ballot. Nominations, other than write-ins on the official ballot, shall be submitted to the Executive Director of the College at least ninety (90) days prior to the Annual Meeting.

Article XII—ELECTION OF OFFICERS AND REGENTS
An official ballot shall be used in contested elections. The Ballot will be sent to appropriate Fellows within sixty (60) days of the Annual Meeting and be returned within thirty (30) days to a Certified Public Accountant in the sealed official ballot envelope. The official ballot shall carry the name of all nominees for the elective offices and appropriate regent positions. The source of nominations shall be identified on the ballot. Should a petition be received, a mail ballot will be provided to the appropriate voting membership. The sealed ballot envelopes shall be opened under the supervision of a Certified Public Accountant who shall record the votes and make a written report to the executive director of the College at least 15 days prior to the Annual Meeting.

Article XIII—RIGHT OF INDEMNIFICATION
Every director or employee of the association shall be indemnified by the association against all expenses and liabilities, including counsel fees, reasonably incurred or imposed upon him/her in connection with any proceeding to which he/she may be made party, or in which he/she may become involved, by reason of his/her being or having been a director, officer, or employee of the association, or any settlement thereof, whether or not he/she is a director, officer, or employee at the time such expenses are incurred, except in such cases wherein the director, officer, or employee is adjudged guilty of will misfeasance or malfeasance in the performance of his/her duties. The foregoing right of indemnification shall be in addition to and not exclusive of all other rights to which such director, officer, or employee may be entitled.

Article XIV—AMENDMENTS
Amendments to the Bylaws may be made upon the recommendation of a two-thirds (2/3) majority vote of the recorded vote of the Fellows, as expressed in the mail ballot, provided that the proposed amendment shall have been submitted in writing to the Executive
Director for consideration by the Board of Regents at least six (6) months prior to the Annual Meeting. The Executive Director of the College shall notify, by mail, the Fellowship of the College of the proposed amendment at least thirty (30) days prior to the date of the effective voting period, which shall be at least ninety (90) days prior to the date of the Annual Meeting. The ballots shall be returned and counted in the manner described in Article XII of these Bylaws.

Article XV—EFFECTIVE DATE

These Bylaws supersede previous Bylaws and were adopted by the Board of Regents on October 25, 1973, adopted by mail ballot February 8, 1974, and became effective at 12:00 a.m. on March 25, 1974, and include amendments subsequent to that date. The most recent amendments were adopted on October 6, 2010, and November 5, 2015.
Manuscripts for potential publication in the *Journal of the American College of Dentists* should be sent as attachments via e-mail to the editor, Dr. David W. Chambers, at dchambers@pacific.edu. The transmittal message should affirm that the manuscript or substantial portions of it or prior analyses of the data upon which it is based have not been previously published and that the manuscript is not currently under review by any other journal.

Authors are strongly urged to review several recent volumes of *JACD*. These can be found on the ACD website under “Publications.” In conducting this review, authors should pay particular attention to the type of paper we focus on. For example, we normally do not publish clinical case reports or articles that describe dental techniques. The communication policy of the College is to “identify and place before the Fellows, the profession, and other parties of interest those issues that affect dentistry and oral health.

The goal is to stimulate this community to remain informed, inquire actively, and participate in the formation of public policy and personal leadership to advance the purpose and objectives of the College.”

There is no style sheet for the *Journal of the American College of Dentists*. Authors are expected to be familiar with previously published material and to model the style of former publications as nearly as possible.

A “desk review” is normally provided within one week of receiving a manuscript to determine whether it suits the general content and quality criteria for publication. Papers that hold potential are often sent directly for peer review. Usually there are six anonymous reviewers, representing subject matter experts, boards of the College, and typical readers. In certain cases, a manuscript will be returned to the authors with suggestions for improvements and directions about conformity with the style of work published in this journal. The peer-review process typically takes four to five weeks.

Authors whose submissions are peer-reviewed receive feedback from this process. A copy of the guidelines used by reviewers is found on the ACD website under “How to Review a Manuscript for the *Journal of the American College of Dentists*.”

An annual report of the peer review process for *JACD* is printed in the fourth issue of each volume. Typically, this journal accepts about a quarter of the manuscripts reviewed and the consistency of the reviewers is in the phi = .60 to .80 range.

Letters from readers concerning any material appearing in this journal are welcome at dchambers@pacific.edu. They should be no longer than 500 words and will not be considered after other letters have already been published on the same topic. [The editor reserves the right to refer submitted letters to the editorial board for review.] Where a letter to the editor refers specifically to authors of previously-published material or other specific individuals, they are given an opportunity to reply.

This journal has a regular section devoted to papers in ethical aspects of dentistry. Manuscripts with this focus may be sent directly to Dr. Bruce Peltier, the editor of the Issues in Dental Ethics section of *JACD*, at bpeltier@pacific.edu. If it is not clear whether a manuscript best fits the criteria of Issues in Dental Ethics, it should be sent to Dr. Chambers at the e-mail address given above and a determination will be made.