Phone 604 736 3621 Toll Free 1 300 663 9169 Fax 604 734 9448



MEMORANDUM OF AGREEMENT AND UNDERSTANDING (MAU)

BETWEEN THE



AND

DR. DOOCHUL SHIN

DEC 1 4 201 DENTAL

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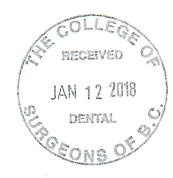
1. I, DR. DOOCHUL SHIN,

ECENED

- (a) understand that with respect to the complaint made by CredActed] , the College had concerns that my professionalism and ethical behavior in the context of dentist/staff boundaries were not in keeping with the standards expected in the province of B.C.;
- (b) undertake to successfully complete the Professional/Problem Based Ethics Program (ProBE) at my cost within 9 months of signing this MAU, I understand that successful completion of the course means that I must achieve an unconditional pass. I also understand that the College will provide information to ProBE about the basis for my referral. I agree to promptly notify the College of the place and date at which I will attend the course and I understand that the course organizer will provide a report to the College following completion;
- (c) undertake at my expense to receive psychological counselling with a workplace psychologist approved by the College. I further agree that after the counselling sessions the psychologist must provide a report to the Inquiry Committee on the following:
 - (i) my ability to participate effectively in the session
 - (ii) my understanding of the concerns
 - (iii) what I have learned from the sessions
 - (iv) what additional counselling should be undertaken, if any
- (d) agree that I will at my expense, authorize the psychologist to provide the College with periodic updates from time to time concerning my progress and to immediately advise the College if I fail to attend any sessions or if the psychologist considers that I am at risk of transgressing appropriate clinical boundaries;
- (e) agree to the condition that I will not be alone with any female in a clinical etting without a second employee being present and that I will not take any female into my private office unless accompanied by another employee;

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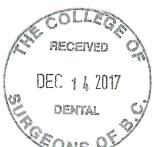






- (f) consent to a reprimand;
- (g) agree to a suspension from the practice of dentistry for a period of two (2) months beginning 1 January 2018 and ending 28 February 2018
 - understand that during the period of suspension I am prohibited from receiving payment directly or indirectly in respect of services provided by other dentists, hygienists or Certified Dental Assistants in any practice I may own as set out in Bylaw 10.06(3) and;
 - (ii) agree that the College may require and I must produce such documentation the College deems necessary to confirm that I have not received any payment in respect of services as set out in 1.(g)(i) of this MAU;
- (h) agree to pay to the College a fine in the amount of \$5000, payable on signing of this MAU;
- (i) agree to respond to any requests from the College in a timely manner;
- (j) agree that I am responsible for promptly informing the College in writing when I comply with any requirement of this MAU or if a deadline or requirement has not been met;
- understand that a monitoring file will be opened to track my compliance with this MAU;
- understand that this MAU may be taken into account in the event of a future complaint;
- (m) confirm that I have read and understand this MAU, and have had the opportunity to obtain legal advice on its contents;
- (n) understand that the College considers this to be a serious matter within the meaning of the *Health Professions Act* and that publication is required pursuant to s. 39.3 of the HPA;





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THE COLLEGE OF DENTAL SURGEONS OF B.C., through its Registrar, Jerome M. Marburg, has advised Dr. Doochul Shin:

- (a) it may view any breach of this MAU once signed as unprofessional conduct; and
- (b) that following the successful completion of all the terms of the MAU, the monitoring file will be closed.

10 Date

Dr. Doochul Shin

Date

Jerome M. Marburg, Registrar College of Dental Surgeons of British Columbia