

MEMORANDUM OF ACKNOWLEDGEMENT AND UNDERTAKING (MAU) WITH MENTORSHIP AGREEMENT ATTACHED

BETWEEN THE

COLLEGE OF DENTAL SURGEONS OF BC (THE COLLEGE)

AND

DR. LEO W. FUNG

1. I, DR. LEO W. FUNG.

- (a) understand that with respect to the complaint made by College Complaint File # , the College considered that I would benefit from an educational program to enhance my recordkeeping, informed consent protocols, diagnosis and treatment planning, periodontics, billing and ethics;
- (b) confirm that as of 2 March 2020, I hold "retired status" with the College;
- understand that should I apply for reinstatement of my practising registration with the College, I will be required to complete the educational and ethics requirements set out in this MAU;
- (d) undertake to review the Dental Recordkeeping Guidelines published by the College and complete the "for credit" version of the College's online dental recordkeeping course (available on the College's website <u>www.cdsbc.org</u> under the "Practice Resources" heading), within 3 months of reinstatement of my practising registration;
- (e) agree that in future, my recordkeeping will comply with the Dental Recordkeeping Guidelines and any future modifications of that document;
- (f) undertake to complete the "for credit" version of the College's online "More Tough Topics" course (available on the College's website <u>www.cdsbc.org</u> under the "Practice Resources" heading), within 3 months of reinstatement of my practising registration;



- (g) undertake to complete BCDA's online "Clear on Codes" course within 3 months of reinstatement of my practising registration;
- (h) agree that in future, my billing practices will accurately reflect the treatment provided;
- (i) undertake, at my cost, to successfully complete the Medical Ethics and Professionalism Course (ME-22 Extended version) provided by PBI Education, within 6 months of reinstatement of my practising registration. I understand that successful completion of the course means that I must achieve a pass grade. I also understand the College will provide information to the course provider about the basis for my referral and request a written evaluative summary of my participation in the course;
- (j) undertake to cease providing periodontal surgery, unless the treatment is being provided under the supervision of the mentor chosen to provide the mentorship mentioned at paragraph 1. (m) of this MAU. This limit will remain in force until the College receives a report from the mentor indicating that my periodontal surgery meets the standards expected in BC;
- (k) understand that pursuant to the Health Professions Act, the limitation on my practice as set out at paragraph 1. (j) of this MAU must be included on the College's register, and online Registrant Lookup, which are public;
- (I) understand and agree that this MAU is made with respect to a "serious matter" as that term is defined in s. 26 of the Act and that public notification will be made pursuant to s. 39.3 of the Act by publication of this MAU in its entirety except that the name of the complainant will be redacted;
- (m) undertake to enter, at my own expense, one full-day or the equivalent in half-day mentorship sessions with a periodontist mentor acceptable to the College. The mentoring sessions will include but not be limited to periodontal diagnosis and treatment planning and periodontal surgery;
- (n) understand that if the mentor's report following the completion of my mentorship is not satisfactory, then I will meet with the College to discuss how to resolve these issues. If I am not able to come to an agreement with the College, I understand the monitoring file may be referred to the Inquiry Committee for direction:



- undertake to complete the mentorship within 6 months of reinstatement of my practising registration. Further details of the mentorship and a mentorship agreement will be provided at the time of my reinstatement;
- (p) undertake to take diagnostic quality bitewing or vertical bitewing radiographs for use in the records review referred to hereafter;
- (g) agree to undergo a records review with the College if I reinstate my practising registration. Six months after completion of the educational courses set out in this MAU and the College receiving the mentor's final report confirming successful completion of the mentorship or when the College otherwise determines that I have addressed the issues of concern, I will provide the College with copies of all insurance remittance summary statements and day-end summary sheets for the preceding 3 months. However, if in the College's opinion, the insurance remittance summary statements and day-end summary sheets do not include a sufficient number of treatments to allow for an appropriate records review, the College will request and I will provide the insurance remittance summary statements and day-end summary sheets for the 2 months preceding the statements and sheets already provided. The College will choose the names of 7 patients from those documents and I will choose the names of 3 patients from those documents and provide the College with those selected the complete patient record (including radiographs) for the records review:
- understand that if concerns arise from the review of the patient records required under paragraph 1. (q), I may be required to undergo a second records review with the College. The timing of this second review will be determined by the College;
- (s) understand that if the Complaint Investigator conducting the records review has concerns arising from the review of the patient records, I will be informed and allowed to respond. The concerns, my response and proposals to address the concerns may then be referred to the Inquiry Committee for its consideration and direction:
- (t) understand that where this MAU indicates this matter may be referred to the Inquiry Committee for consideration or direction, this may include any disposition pursuant to s.33(6) of the *Health Professions Act* including direction for issuance of a citation;
- (u) agree to respond to any requests from the College and the mentor in a timely manner:



- (v) agree that I will promptly inform the College in writing when I comply with any requirement of this MAU.
- (w) agree that if a deadline or requirement has not been met, I will immediately inform the College that it has not been met;
- (x) understand that upon the reinstatement of my practising registration a monitoring file will be opened to track my compliance with this MAU;
- (y) understand that this MAU may be taken into account in the event of a future complaint;
- (z) confirm that I have read and understand this MAU, and have had the opportunity to obtain legal advice on its contents;
- 2. THE COLLEGE OF DENTAL SURGEONS OF B.C., through its Registrar, has advised Dr. Leo W. Fung:
 - 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.

June 16/21	June 17, 2021
Date	Date
Dr. Leo W. Fung	Dr. Chris Hacker, Registrar/CEO College of Dental Surgeons of British Columbia