



香港牙醫管理委員會
The Dental Council of Hong Kong

Disciplinary Inquiry under s.18 of DRO

Defendant: Dr LEE Benjamino Kah-hung 李嘉鴻牙科醫生 (Reg. No. D02431)

Dates of hearing: 4 June 2020 (Day 1), 18 June 2020 (Day 2), 21 September 2020 (Day 3), 10 October 2020 (Day 4) & 17 October 2020 (Day 5)

Present at the hearing

Council Members: Dr LEE Kin-man (Chairman)
Dr LAU Kin-kwan, Kenny
Ms WONG Yu-pok, Marina
Dr TUNG Sau-ying

Legal Adviser: Mr Stanley NG

Legal representative for the Defendant: Defendant appearing in person on Day 1 and Day 2;
Mr Lewis LAW instructed by Messrs. Leung, Tam & Wong, Solicitors on Day 3 to 5

Legal Officer representing the Secretary: Mr Andrew TONG, Government Counsel

The Charges

1. The charges against the Defendant, Dr LEE Benjamino Kah-hung, are as follows:-

“In about March to August 2016, you, being a registered dentist, disregarded your professional responsibility to adequately treat and care for your patient, Ms [REDACTED] (“the Patient”), or otherwise neglected your professional duties to her in that –

- (i) you failed to devise proper and effective treatment for the Patient;
- (ii) you failed to perform orthodontic treatment properly and competently;

- (iii) you failed to properly and adequately advise the Patient of the complications and/or alternative treatment options when complications arose; and/or
- (iv) you failed to provide a copy of the medical records to the Patient despite her request;

and that in relation to the facts alleged you have been guilty of unprofessional conduct.”

Burden and Standard of Proof

2. The Council bears in mind that the burden of proof is always on the Legal Officer and the Defendant does not have to prove his innocence. The Council also bears in mind that the standard of proof for disciplinary proceedings is the preponderance of probability. However, the more serious the act or omission alleged, the more inherently improbable must it be regarded. Therefore, the more inherently improbable it is regarded, the more compelling the evidence is required to prove it on the balance of probabilities.

Unprofessional Conduct

3. According to section 18(2) of the Dentists Registration Ordinance, Cap. 156 (“DRO”), “unprofessional conduct” means an act or omission of a registered dentist which would be reasonably regarded as disgraceful or dishonourable by registered dentists of good repute and competency.

Facts

4. The name of the Defendant has been included in the General Register (“GR”) since 24 January 1989. His name was removed from the GR on 9 July 2015 and subsequently restored on 29 January 2016. His name has never been included in the Specialist Register.
5. In March 2016, the Patient consulted the Defendant for orthodontic treatment. The Patient wished to receive Invisalign treatment to straighten her front teeth due to its transparency and aesthetic effect. Records including photos, study model, x-ray (OPG and Cephalogram) were obtained. The diagnosis by the Defendant was Class II division 1 malocclusion, anterior crowding, rotated anterior teeth, midline shifted to left, molar relation was ½ - unit Class 2 on the right and Class 1 on the left. Overjet 1 to 2mm and overbite was normal to deep at 3mm.
6. According to the Patient, the Defendant told her that there were two types of Invisalign that she could choose from, one being “manual Invisalign” at a quoted fee of \$30,000 and another being “computerized Invisalign” at a quoted fee of \$60,000. They were both made by Invisalign company, save that the computerized ones were made overseas whereas the manual ones were made locally by “Invisalign Hong Kong lab”. Owing to lower costs, the Patient chose manual Invisalign.
7. However, according to the Defendant, what he offered to the Patient were manual aligners made by Adams Orthodontic Laboratory, a local orthodontic laboratory (“Adams Aligners”),

which the Patient chose. The Defendant also said that at the beginning he offered to the Patient an open option to switch to the Invisalign aligners later.

8. On 6 April 2016, the Defendant performed scaling and polishing on the Patient. The Defendant prescribed the Patient with the 1st set of Adams Aligners, which the Defendant said was based on impression made on 27 March 2016. The 1st set of Adams Aligners consisted of a pair of soft aligners (which were soft and thick and designed to move the teeth to the desired positions) (“Soft Aligners”) and a pair of hard retainers (which are hard and thin and designed to retain the change of teeth movement achieved by the Soft Aligners) (“Hard Retainers”). The Defendant told the Patient that there were three stages. The wearing instructions to the Patient were that, for each stage, she had to continuously wear the pair of Soft Aligners for one week, followed by the Hard Retainers for another week. The Patient had to wear them 22 hours a day. On the same day, additional impressions were taken from the Patient. The Patient then started wearing the Adams Aligners.
9. On 20 April 2016, the Patient consulted the Defendant. The Patient told the Defendant that she could not close her mouth while wearing the 1st set of Adams Aligners and they fitted poorly and she felt pain in the molar area. There was gum bleeding and there was brown blood in the aligners every morning. The Patient said that the Defendant cut off the molar parts of the 1st set of Hard Retainers at the clinic on that day to relieve pain from the molar area. However, the Defendant denied and said that he did not see the said pairs of Hard Retainers were cut off when presented to him. According to the Defendant, he prescribed the Patient with the 2nd and 3rd set of Adams Aligners on that day. Both the 2nd and 3rd sets of Adams Aligners were said to be based on the impressions made on 6 April 2016.
10. According to the Defendant, no appliances were prescribed on 23 and 31 May 2016. At the consultation on 31 May 2016, according to the Patient, she complained of black triangles on her teeth and gum recession.
11. On 6 June 2016, according to the Patient, she complained again to the Defendant about the ill-fitting of the Adams Aligners and gum recession. The Patient also complained that her back teeth were in pain. Impressions were taken from the Patient.
12. On 13 or 15 June 2016, according to the Defendant, he delivered the 4th and 5th set of Adams Aligners to the Patient. Both the 4th and 5th sets of Adams Aligners were said to be based on the impressions made on 6 June 2016. According to the Patient, she complained again that the back teeth pain had been worsening and she could not bite.
13. On 16 June 2016, the Patient found that gum inflammation persisted and the gums receded further.
14. On 21 June 2016, the Patient consulted a Dr KWONG (“Dr KWONG”) of American Dental Group and was told that she was suffering from acute periodontitis and malocclusion (back teeth supra-eruption, teeth not touching) because of the ill-fitting Adams Aligners. Dr KWONG also told the Patient that she had heavy calculus (from X-rays), which must be removed before any orthodontic treatment. Dr KWONG advised the Patient to stop wearing the Adams Aligners to avoid further periodontal and occlusion damage.
15. On 23 June 2016, the Patient consulted a Dr TAM, specialist in orthodontics (“Dr TAM”). Dr TAM told the Patient that she suffered from malocclusion (teeth not touching, bite turning overbite) and gum recession. Dr TAM advised the Patient to stop wearing the Adams Aligners immediately.

16. On 27 June 2016, the Patient demanded compensation of \$100,000 from the Defendant. According to the Patient, the Defendant mentioned about switching to Invisalign System for the purpose of settlement on that day.
17. On 1 August 2016, the Patient sent an email to Invisalign-HK-Marketing making enquiries. On 3 August 2016, a Ms HO from Invisalign Hong Kong Limited replied via email to the Patient. In the email, Ms HO told the Patient that they were not able to locate the Patient's name from their Hong Kong patient system on 1 August 2016. Ms HO also replied that her company did not have any aligners manufactured in Hong Kong.
18. On 4 August 2016, the Patient said that she went to the Defendant's clinic asking for all her medical and dental records in relation to the Defendant's treatment on her but was told that there was no further medical and dental records other than the 2 x-ray films and 4 photographs which the Defendant had already given to her.
19. By a letter from Messrs. Or, Ng & Chan ("ONC"), the Patient's Solicitors, to the Defendant dated 9 August 2016, the Defendant was asked to confirm in writing within 7 days if he had already sent to the Patient all x-ray films and photographs taken by him and he did not have further medical and dental record other than the x-ray films and photographs already given to the Patient. There was no reply from the Defendant.
20. A reminder letter dated 16 August 2016 was sent from ONC to the Defendant. There was no reply from the Defendant.
21. The Patient lodged a complaint with this Council against the Defendant on 27 September 2016.

Findings of Council

22. Orthodontics, like other dental treatment modalities, requires clear understanding of the science and the possession of the necessary skills involved in delivering safe and useful treatment outcomes including correction of deviation from norms and the fulfilment of expectation of patient mutually agreed prior to the commencement of treatment.
23. No matter the orthodontic treatment method is based on relatively recent innovation due to advances in technology and development in concepts in biomechanics or a method that is largely manually planned and fabricated, it cannot free the practitioner from the responsibility in accurate diagnosis, treatment plan prescriptions and the subsequent treatment delivery, continuous assessment, monitoring and maintenance and care. Any form of clear plastic sequential orthodontic aligner could be an effective treatment tool only if used by trained, competent and responsible dentists.

Charge (i)

24. A proper and effective orthodontic treatment plan would include oral diagnosis and treatment planning ("ODTP"). Oral diagnosis would require the collection of inter alia sufficient clinical information regarding a patient's dental conditions and skeletal relation, extra-oral appearance and space analysis, soft tissue such as profile and periodontal conditions & oral hygiene status and the esthetic aspects. Treatment planning would require the setting of treatment goal(s), continuous assessment of overall dental conditions including periodontal tissues and oral hygiene status before embarking on orthodontic treatment, consideration of

how the clinical information obtained deviate from the norms, and designing ways to restore to or towards these norms.

25. In the present case, the first question is what was the real treatment plan of the Defendant. The Patient told us she was given two Invisalign options and she chose “manual Invisalign”. She said the Defendant told her that “manual Invisalign” was made by Invisalign Hong Kong lab. She said the Defendant strongly recommended her to use “manual Invisalign”. The Defendant however said that the Patient would first start with Adams Aligners with an open option to switch to Invisalign in the future.
26. On this matter, we accept what the Patient told us. We find the Defendant’s claim incredible. Our reasons are as follows:-
- (i) The Patient had provided three official receipts issued by the Defendant to her respectively dated 22 March 2016, 6 April 2016 and 4 May 2016. All three receipts referred to the treatment as “Invisalign Treatment”. The Invisalign System and the Adams System are two different brands, two completely different systems. If the Defendant had really told the Patient that they were Adams Aligners, he should have correctly referred to Adams Aligners in all the official receipts, instead of “Invisalign Treatment”. The referral to “Invisalign Treatment” in all three official receipts was a serious misrepresentation.
 - (ii) The Defendant had never submitted the Patient’s case to Invisalign. This means he never had any finalized planning or actions of submitting a case for Invisalign.
 - (iii) The Defendant had provided us with copies of three different sets of dental records. One set was in written manuscripts. The other two sets were computer printouts. The Defendant’s counsel submitted to us that the set in manuscripts was the contemporaneous record whereas the two sets of computer printouts (which formats were different but contents were almost identical) were created subsequently. It is to be noted that the set in manuscripts was much brief. The two sets of computer printouts were very detailed. We have grave doubt on the truthfulness of all these copies of medical records. In any event, these copies of medical record cannot show that the Patient had agreed to any such switch from the Adams System to the Invisalign System. There is also no other record to show as such.
 - (iv) The Secretary’s expert, Dr WONG Wai-kwong (“Dr WONG”), specialist in Orthodontics, told us that in terms of appliance construction and production costs, there would be overlapping costs for constructing two systems of appliances. The Defendant would not have any economic advantage of doing so. There was also no significant clinical advantage of separating both steps using two systems. We accept the opinion of Dr WONG.
 - (v) At the inquiry, the Patient was examined at length. On the whole, her evidence was clear and consistent. On the issue of whether her treatment was “manual Invisalign”, or Adams Aligners with an option to switch to Invisalign, at the inquiry, the Patient was examined at length. Her evidence was unshaken. Further, there is evidence of her writing to Invisalign-HK-Marketing as early as 1 August 2016 when she suspected that the aligners prescribed to her by the Defendant were not really from Invisalign. We find the Patient an honest and truthful witness. We accept what she told us on this issue.

(vi) At Day 2 of the inquiry, the Patient produced to us copies of WhatsApp messages between the Defendant's clinic and herself (i.e. Exhibit "SE7"). The message sent from the Defendant's clinic on 11 April 2016 reads "*Hi, when will you be available to come to our clinic this week? Because we need to take the photos for the process of invisalign*". At Day 2 of the inquiry, the Patient was asked by the Legal Officer why she had to go to the clinic to take photos. Her answer was that she decided to go for Invisalign. The Defendant tried to argue that this answer given by the Patient showed that there was a switch from Adams Aligners to Invisalign. We do not accept the Defendant's argument. Be it that the Patient said she decided to go for Invisalign, it was never her evidence there and then that she said the Defendant had offered to her at the beginning Adams Aligners with an option to switch. All along her evidence was that her treatment was "manual Invisalign". Further, if there was really a switch at that point of time to the Invisalign System, it would be unreasonable why the treatment subsequently was still treatment using the Adams System, but not the Invisalign System. According to the WhatsApp communication between the clinic and the Patient, it was suggested to take photos for Invisalign. It is unreasonable and perhaps illogical to suggest on 11 April 2016 to switch to another system after the 1st set of Adams aligners were delivered on 6 April 2016. If the purpose of the Defendant for taking those photos was really for submission to Invisalign, the Defendant should have submitted forthwith or as soon as possible after taking the photos to show the updated status of the Patient's teeth. There is no point of submitting photos to Invisalign which were not up to date. It is unreasonable for taking photos and not submitting. In fact, there was no such submission to Invisalign at all. Clearly, this WhatsApp message sent by the Defendant's clinic on 11 April 2016 still continued to misrepresent to the Patient that the treatment was from Invisalign, when in fact it was not.

27. We therefore do not believe the Defendant had at the beginning offered to use Adams Aligners with an open option to switch to Invisalign System later on. We find that the Defendant's real treatment plan in the beginning was using Adams Aligners, but he misrepresented to the Patient that it was Invisalign made locally by Invisalign Hong Kong lab.
28. The Patient's case was a crowding case, which necessitated the creation of space for the proper correction of the mal-positioned teeth. A proper space analysis was mandatory and absolutely crucial in this case as to determine with precision the amount of space required and to decide the method of creating the space such as by interproximal reduction ("IPR") which was adopted by the Defendant. IPR is a planned clinical procedure of removing part of tooth substances of some of the teeth in the interproximal area usually by cutting, grinding and/or polishing as to create space without jeopardizing the overall integrity of the tooth substance. It is an absolute prerequisite to conduct space analysis in order to devise a proper and effective treatment. In this case, there is no evidence that the Defendant had performed any space analysis at all to decide how much space was required and on which teeth the IPR should be performed. Without space analysis, the subsequent IPR and the tooth movement was bound to be ineffective and even problematic because any excess or deficiency of space created would necessarily end up with residue spacing or causing restriction of tooth movement.
29. The Defendant argued that since IPR had been performed in specific teeth as shown in the record, there must be space analysis done beforehand. The Council cannot accept such an argument as it is putting the cart before the horse. That there was IPR performed does not mean that space analysis had been done. There was no quantitative record whatsoever of IPR amount to be carried out.

30. We find that the Defendant had not conducted any space analysis. The failure to conduct space analysis is elemental and grievous. The Defendant's treatment plan was not a proper and effective treatment plan.
31. In any event, even if what the Defendant told us about first using the Adams Aligners and then switching to the Invisalign System was true, but which we had already found otherwise above, such an approach only showed that the Defendant was planning to perform the orthodontic treatment on the Patient by trial and error. No competent practitioner would design a plan that he believes might not work. Such trial-and-error attitude was totally unprofessional and any such plan could not be a proper and effective treatment plan.
32. The Council is satisfied that the conduct of the Defendant had seriously fallen below the standard expected amongst registered dentists. It would be reasonably regarded as disgraceful and dishonourable by registered dentists of good repute and competency.
33. The Council therefore finds the Defendant guilty of Charge (i).

Charge (ii)

34. Orthodontics requires the moving of teeth to the desirable position without compromising the patient's oral and dental health and at the same time meeting the patient's expectations. Proper and competent treatment is required at delivery, continuous assessment, monitoring and maintenance and care.
35. We agree with Dr WONG that it is important that no orthodontic treatment should be performed in the presence of active periodontal disease. There will be a risk of gum destruction and bone destruction within a short period of time from the commencement of orthodontic treatment. It is also important not to embark on orthodontic treatment before the patient's oral hygiene is properly maintained.
36. In the present case, the Patient had significant gum inflammation prior to the commencement of orthodontic treatment. According to the Defendant's clinical notes, on 18 March 2016, the Patient had heavy deposit of plaque and calculus, gingival bleeding on probing and poor oral hygiene. The gum inflammation was confined mainly to the gingival level. The Defendant then confirmed that the Patient could begin with orthodontic treatment, and advised that only one time of scaling and polishing was required before the treatment. On 6 April 2016, the Defendant did one session of scaling and polishing, and that was the only session of scaling and polishing before the treatment ended in June 2016. This one session of scaling and polishing was certainly not enough to stabilize the Patient's periodontal conditions, and this explained why the Patient since 6 April 2016 had still had gum bleeding and brown blood in her aligners every morning. The Defendant should not have embarked upon prescribing aligners to the Patient as her periodontal condition was not yet stabilized. This posed great risks to causing bone and gum destruction.
37. The Defendant's clinical notes show that the Defendant had on 6 April 2016 advised the Patient for a second scaling and polishing to be done 3 months later. If this record entry was true, this means the Defendant knew that the Patient's periodontal condition was at the time not yet stabilized, yet he still continued with the orthodontic treatment. This was not acceptable. In any event, we accept what Dr WONG told us that the suggestion of doing a second scaling and polishing 3 months later was too long. Further polishing and scaling should be done as soon as possible and before the prescription of any aligners.

38. Further, the Defendant's clinical notes show that on 20 April 2016 he had again advised a second scaling and polishing and he even wrote the words "emphasized oral care". If the Defendant really treated oral care so importantly, he should have insisted upon a second scaling and polishing, but he had done nothing. We cannot even find a record showing that he had prescribed mouth rinse to the Patient. We do not believe the record in the Defendant's clinical notes, which said he had asked the Patient to go through further scaling and polishing.
39. In any case, the Defendant had admitted in his statement that on hindsight he should have proceeded with the second or even a third scaling and polishing on a weekly basis instead of providing orthodontic treatment.
40. We find that the Defendant had failed to stabilize the Patient's periodontal condition before embarking on orthodontic treatment. We are satisfied that his conduct had seriously fallen below the standard expected amongst registered dentists. It would be reasonably regarded as disgraceful and dishonourable by registered dentists of good repute and competency.
41. The failure to stabilize the Patient's periodontal condition is elemental and grievous and it alone is already sufficient for us to find the Defendant guilty of Charge (ii).
42. We therefore find the Defendant guilty of Charge (ii).
43. The Legal Officer's case under Charge (ii) rested on two further particulars, namely that the Defendant had failed to control or reduce the formation of black triangles, and he had inadvertently cut off the posterior part of the Hard Retainers, leading to the formation of anterior open bite of the Patient. Both parties agreed that this Council can still convict under Charge (ii) for relying on one or more of the particulars, and not necessarily all, if one or more of the particulars is sufficient enough to amount to unprofessional conduct.
44. For completeness, we will deal with the two further particulars relied on by the Legal Officer.
45. The success of treatment by clear removable aligners largely depends on the giving out of clear instructions by practitioners to patients in terms of usage of the appliances and maintenance of oral hygiene, and ensuring compliance. In order to ensure compliance, the practitioner has to motivate the patient to follow instructions, and be able to detect discrepancies and derailment. When there is non-compliance with instruction or derailment, then it is incumbent upon the practitioner to reinforce compliance.
46. In the present case, the Defendant had at certain stage had doubt that the Patient did not wear the aligners properly and observed occlusal imbalance. If so, what the Defendant should have done was to stop prescribing and check the fitting, compliance and the status of the aligners including any damages and/or alteration of the aligners. However, the Defendant still continued to prescribe, which was improper, and which resulted in black triangles indicative of deterioration of periodontal health and persistence of occlusal imbalance as described.
47. About the Defendant had in a way failed to control or reduce black triangles, we should also consider that the formation of black triangles is not an uncommon consequence in orthodontic treatment. We do not think the Defendant's failure in controlling or reducing black triangles in this case would have amounted to unprofessional conduct.
48. On the cutting of the Hard Retainers, in our view, the Legal Officer has not adduced sufficient evidence to prove on balance that it was the Defendant who cut the Hard Retainers. Neither

is there sufficient evidence to show it was the Patient who cut the Hard Retainers. We therefore will not make a finding on this issue.

Charge (iii)

49. A complication occurs when a potential problem arises following, and as a result of, a procedure, treatment or illness. It complicates a situation that makes a disease or condition more dangerous or harder to treat.
50. Proper and adequate diagnosis and treatment planning is essential in ensuring good clinical outcomes which fulfil the aesthetic and dental health need and demand of the patient within a planned and reasonable time frame. In reality, complications do occur. Pre-operative diagnosis, continuous monitoring and post-operative maintenance are also important to predict and prevent complications from occurrence.
51. Under this charge, the Legal Officer relies on following complications, namely the jiggling open of the bite; overruption of the molars and bite imbalance; periodontal conditions; and black triangles.
52. In our view, the jiggling open of bite is a consequence of the design of the Adams Aligners. As said above, there is insufficient evidence to prove who cut the posterior part of the Hard Retainers, hence it cannot be proven that overeruption and bite imbalance could be foreseen. On periodontal condition, there seems to be record showing that the Defendant had advised the Patient of her periodontal condition and advised her of a second scaling and polishing. Advising the Patient to consult a periodontist was not absolutely required. On black triangles, there is no dispute that the Defendant had at some stage advised the Patient of the formation of black triangles and how he would deal with them later on.
53. The Defendant had at a late stage when discussing settlement proposed to the Patient to switch to Invisalign, which was an alternative treatment option.
54. The Legal Officer has failed to prove Charge (iii). The Council will therefore acquit the Defendant of Charge (iii).

Charge (iv)

55. The Patient said that on 4 August 2016, she attended the Defendant's clinic asking for her medical and dental records kept by him in relation to the treatment. The Patient described in details when giving testimony of what happened at the clinic. She said the nurse told the Defendant that she was there. The door of the Defendant's room was open and she heard the Defendant's saying that he would not see her, and he had given her all the medical records.
56. There were two further letters from ONC to the Defendant's clinic by post. The Defendant simply stated that those letters were not received. The Defendant did not give evidence and what he said could not be tested. It is not the Defendant's case that the Defendant's address written in the two ONC's letters were incorrect. It is hard to believe that in the normal course of delivery by post both letters sent on different dates to the Defendant's clinic in Causeway Bay were all not received.
57. As said above, we find the Patient an honest and reliable witness. We believe in what the Patient told us of her account of what happened at the Defendant's clinic on 4 August 2016.

58. For the purpose of this inquiry, the Defendant had produced copies of 3 different sets of medical records. Although the Defendant said that the two sets of records printed out from his computer should be treated as his statements, there should be no doubt whatsoever on the Defendant's part that his set of record written in manuscripts, and which he said was contemporaneous, must be regarded as part of the medical record of the Patient. It should be provided to the Patient, but was not provided despite her repeated requests.
59. The Council is satisfied that the conduct of the Defendant had seriously fallen below the standard expected amongst registered dentists. It would be reasonably regarded as disgraceful and dishonourable by registered dentists of good repute and competency.
60. The Council therefore finds the Defendant guilty of Charge (iv).

Sentencing

61. The Defendant has a previous record of failing to renew practicing certificate. It was not a disciplinary record. The Council considers that the Defendant has a clear disciplinary record.
62. The Defendant did not produce any CPD record. In fact, there is no submission that he has taken any CPD course at all since this incident.
63. The Defendant only produced some printouts with comments from clients. No mitigation or character reference letter was produced.
64. The Defendant had shown no remorse throughout the hearing. We do not accept that he was remorseful.
65. The Council bears in mind that the purpose of a disciplinary order is not to punish the Defendant, but to protect the public and maintain public confidence in the dental profession.
66. Having regard to the gravity of the case and the mitigation submitted by the Defendant, the Council makes the following orders:-
- (a) In respect of Charge (i), that the name of the Defendant be removed from the General Register for a period of three months.
 - (b) In respect of Charges (ii) and (iv), that the Defendant be reprimanded.
 - (c) The operation of the removal order in paragraph (a) above be suspended for a period of 24 months, subject to the conditions set out in paragraph (d) below.
 - (d) The conditions are in the following terms –
 - (i) The Defendant's practice during the suspension period be subject to supervision by a Practice Monitor to be appointed by the Council.
 - (ii) The Practice Monitor shall conduct supervision visits to the Defendant's clinic at least once in every 6 months during the suspension period.
 - (iii) The supervision visits shall be conducted without advance notice to the Defendant.
 - (iv) The Practice Monitor shall be given unrestricted access to all parts of the Defendant's clinic and all documents (including clinical records) which in the opinion of the Practice Monitor are necessary for proper supervision of the Defendant in his dental practice. The Defendant shall prove to the satisfaction

of the Practice Monitor that he has set up and maintained a proper record system and has in place a proper written protocol on orthodontics.

- (v) The Defendant shall prove to the satisfaction of the Practice Monitor by the end of the suspension period that he has satisfactorily completed 30 hours of continuing dental education courses in orthodontics, record keeping, consent and treatment planning. Prior approval of the courses from the Chairman of the Dental Council is required.
 - (vi) The Practice Monitor shall report to the Council the progress of the supervision at the end of the 6th, 12th, 18th and 24th month during the suspension period. If any irregularity is detected, the irregularity should be reported as soon as possible.
- (e) The orders in paragraphs (a) to (d) above shall be published in the Gazette.

Remarks

67. The Council stresses that the following remarks form no part of the decision on findings and sentencing above.
68. The Council considers the Defendant dishonest in misrepresenting to the Patient that the aligners prescribed were from Invisalign, when in fact they were not. The Defendant was only fortunate that no charge was framed against him in this regard. The Council takes the strongest position against any dentist whose dishonest behavior will destroy the trust from the patient and hence compromising the profession's autonomy of making the best clinical decisions for patient. It harms the patient and undermines public confidence in the dental profession. We hope that the Defendant will deeply reflect on this matter.



Dr LEE Kin-man
Chairman
The Dental Council of Hong Kong