



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

**Disciplinary Inquiry under s.18 of DRO**

Defendant: Dr TONG Yat-him, Clement 唐逸謙牙科醫生 (Reg. No. D03608)

Date of hearing: 19 March 2026

**Present at the hearing**

Council Members: Dr LEE Kin-man, MH, JP (Chairman)  
Dr LEE Siu-man, Sharon  
Prof. LEUNG Wai-keung  
Dr LIU Wai-ming, Haston  
Mr KOK Che-leung, BBS

Legal Adviser: Mr Stanley NG

Defendant: Represented by Mr Chris HOWSE of Messrs Howse Williams, Solicitors

Legal Officer representing the Secretary: Ms Carmen SIU, Senior Government Counsel  
Ms Christy TSO, Government Counsel

**The Charge**

1. The charge against the Defendant, Dr TONG Yat-him, is as follows:-

“In or about August 2017 to July 2018, you, being a registered dentist, disregarded your professional responsibility to adequately treat and care for your patient, Mr [REDACTED] (“the Patient”) or otherwise neglected your professional duties to the Patient in that, you –

- (i) failed to carry out adequate pre-treatment assessments or investigations before the orthodontic treatment (“the Treatment”);
- (ii) failed to advise a proper treatment plan before commencing the Treatment;
- (iii) failed to properly and adequately advise the Patient of the possible risks and

complications of the Treatment before commencing the Treatment;

- (iv) failed to offer the Patient of the alternatives available for managing the Patient's dental condition before the Treatment;
- (v) failed to advise the Patient not to commence the Treatment when the periodontal condition of the lower left canine ("Tooth 33") had not been stabilized;
- (vi) failed to carry out a comprehensive periodontal examination of the Tooth 33 before the Treatment;
- (vii) failed to carry out the interproximal dental reduction when the circumstances warranted; and/or
- (viii) failed to cease the Treatment when the circumstances warranted;

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

### **Facts of the case**

2. The name of the Defendant has been included in the General Register ("GR") since 15 August 2005, which was removed on 21 December 2018 by the Council's order. His name was later restored on 20 March 2020. The name of the Defendant has never been included in the Specialist Register.
3. On 2 August 2017, the Patient consulted the Defendant in relation to, *inter alia*, orthodontic treatment and Invisalign appliance. At this consultation, the Defendant examined the Patient and wrote in his clinical notes "Skeletal I, slightly protruded lips, slightly proclined anterior teeth, very poor oral hygiene, heavy calculus deposit, inflamed and bleeding gum, perio, impacted 38 and 48, mild spacing at upper and mild crowding at lower, increased overjet 3mm". The Defendant performed full mouth scaling (debridement) and gave oral hygiene instruction to the Patient. The Defendant wrote down his treatment plan "1) Perio treatment, 2) Invisalign treatment with IPR".
4. At the second visit on 14 August 2017, the Defendant's hygienist ("Hygienist") performed full mouth scaling and 7mm pocket was recorded on the mesial buccal surface of tooth 33. The Hygienist took panoramic & cephalometric radiographs, photos and intra-oral dental scan for the Patient. The panoramic radiograph showed obvious alveolar bone loss in upper and lower 6 front teeth (i.e. teeth 13-23, 33-43). Intra-oral photos showed gingival redness, teeth 33 and 44 were buccally displaced. Upper incisors were proclined, extruded and spaced out as a possible presentation of teeth drifted as a result of periodontal disease. The panoramic radiograph also revealed tooth decay on the distal surface of both lower second molars (i.e. 37D and 47D) where both lower third molars were horizontally impacted.
5. At the second consultation with the Defendant on 11 December 2017, the oral hygiene of the Patient remained poor with persisting problems of deep pocket at mesio-labial of tooth 33. The Hygienist was directed by the Defendant to perform root planning for tooth 33. 10mm pocket on mesial buccal surface and 7mm pocket on mesial lingual surface of tooth 33 were

recorded by the Hygienist on the same day. The Defendant approved the Invisalign clincheck plan to start fabricating aligners.

6. On 20 December 2017, the Defendant surgically removed tooth 48 and extracted tooth 18.
7. On 3 January 2018, the Defendant surgically removed tooth 38 and extracted tooth 28.
8. On 25 January 2018, as delegated and instructed by the Defendant, a Dr C. L. TANG (“Dr TANG”) delivered 4 sets of aligners (No. 1-4) to the Patient without the implementation of interproximal dental reduction (“IPR”).
9. On 21 March 2018, the Defendant reviewed the Patient’s condition and noticed that oral hygiene was still poor. The Defendant delivered another 4 sets of aligners (No. 5-8) to the Patient without the implementation of the IPR.
10. On 15 May 2018, the Patient was given another 2 sets of aligners (No. 9-10) by the Defendant’s clinic. The Defendant did not personally see the Patient on this day.
11. On 29 May 2018, the Defendant reviewed the Patient’s condition and decided to stop the Invisalign treatment until the Patient’s periodontal condition was stabilized. The Defendant instructed the Patient to stay on existing aligner at night time only which still provided active force as teeth tend to relapse in day time without the control of the aligner and will be under pressure again at night time especially no IPR was provided. The Defendant issued 2 new sets of aligners (No. 11-12) to the Patient just for spare use.
12. The Patient was referred to see Dr Dave CHAN (“Dr CHAN”) at the same clinic on the same day. Dr CHAN made the diagnosis of “Aggressive periodontitis” with 11 mm of pocket and abscess at tooth 33, while 6mm pockets were also detected in other area.
13. Dr Dave CHAN provided non-surgical periodontal treatment with antibiotic prescription to the Patient from 13 June 2018 to 22 August 2018 and then supportive periodontal cares in every 2-3 months till 10 April 2019 where the Patient’s oral hygiene fluctuated.
14. By a letter dated 21 August 2020, Messrs Francis Kong & Co., Solicitors for the Patient, lodged a complaint against the Defendant with the Dental Council.

### **Burden and Standard of Proof**

15. 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.
16. There is no doubt that the allegations against the Defendant here are serious. Indeed, it is always a serious matter to accuse a registered dentist of unprofessional conduct. Therefore, we need to look at all the evidence and to consider and determine each of the disciplinary charges against him separately and carefully.

### **Unprofessional Conduct**

17. According to section 2 of the Dentists Registration Ordinance, Cap. 156, “unprofessional conduct”, in relation to a person, means an act or omission of the person that would reasonably be regarded as disgraceful or dishonourable by registrants of good repute and competency.

### **Findings of Council**

18. The Defendant admits the factual particulars of all the disciplinary charges against him but it remains for us to consider and determine on the evidence whether he has been guilty of unprofessional conduct.

#### **Charge (i)**

19. For orthodontic treatment, an adequate pre-treatment assessment or investigation would generally include intra-oral examination to assess periodontal and caries condition, periodontal and caries charting, taking photos, radiographic investigation (taking OPG, periapical radiographs and lateral cephalography), and model analysis (i.e. taking digital or dental impression).
20. During initial clinical examination on 2 August 2017, although the Defendant had recorded heavy calculus, gum bleeding and poor oral hygiene on the Patient, no periodontal charting was performed to carefully assess the periodontal status of the Patient, including measurement of pockets depth, bleeding on probing, gingival recession and mobility of tooth.
21. At the second visit on 14 August 2017, the Hygienist took radiographs, photos and dental scan. However, despite the information gathered, the Defendant failed to interpret the information from the panoramic radiograph where alveolar bone loss and dental decay were evidenced and failed to make any assessment at all. No model analysis was performed to assess the amount of crowding present in both arches or cephalometric analysis was performed before formulation of the orthodontic treatment plan for the Patient.
22. We agree with the view of Dr Charlene Chun-lam WU (“Dr WU”), the Secretary’s expert, that the Defendant had the responsibility to make sure that the Patient was dentally fit before starting orthodontic treatment for him. Treatment plan should be formulated according to the diagnosis, and not just focused on providing orthodontic treatment to align all the teeth. Primary patient care should be provided to ensure alveolar bone support is good, teeth are decay free and the patient’s oral hygiene level is good to prevent periodontal breakdown during the forthcoming orthodontic movement.
23. The Defendant’s diagnosis was not completed before initiation of the orthodontic treatment, tooth decay was not documented and the periodontal status of the Patient was underestimated. The pre-treatment assessments or investigations taken by the Defendant were inadequate to make a proper diagnosis and treatment plan.

24. We are 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. We therefore find the Defendant guilty under charge (i).

Charge (ii)

25. At the second consultation on 11 December 2017, the Defendant did not explain the information (loss in alveolar bone level and tooth decay) obtained from the radiographs to the Patient but approved the Invisalign Clincheck plan right away, meaning the Patient's orthodontic treatment would soon begin. No schedule was advised to restore the decay teeth. The Defendant delegated the Patient's periodontal treatment to the Hygienist. The Defendant had never provided any periodontal review on the Patient's periodontal condition personally to make sure the Patient was dentally fit for orthodontic treatment. The Patient should be advised that review was needed after periodontal treatment, deep pockets were resolved, all decay teeth were restored and oral hygiene was improved before orthodontic treatment could be considered. However, none of the decay teeth was restored and the Patient's periodontal condition was not stabilized before fitting the first set of aligners.
26. In this case, the Defendant had failed to establish any diagnosis of the periodontal condition of the Patient. The Defendant was thus not able to formulate any proper treatment plan for the Patient. The proper treatment plan in this case was to stabilize the periodontal and caries condition of the Patient first before the commencement of the orthodontic treatment. However, the Defendant had failed to do so.
27. We are 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. We therefore find the Defendant guilty under charge (ii).

Charges (iii)

28. As shown from the clinical record, the Defendant explained the risks associated with the Invisalign orthodontic treatment to the Patient related to compliance on aligner wearing only which would affect the predictability of the tooth movement outcome and necessity of refinements treatment at the first consultation. Although oral hygiene of the Patient was always recorded as "poor", no risk or possible complication was mentioned regarding the Patient's poor oral hygiene, periodontal condition, tooth decay and the possibility of further periodontal breakdown during orthodontic treatment.
29. The Patient should have been advised about the risks of further periodontal breakdown, the need of close periodontal maintenance during the orthodontic treatment and stability of teeth after the orthodontic treatment. However, the Defendant had not advised the Patient of the aforesaid risks before commencing the Invisalign orthodontic treatment.
30. We are 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. We therefore find the Defendant guilty of charge (iii).

Charge (iv)

31. The Defendant failed to diagnose the severity of the Patient's periodontal disease before the orthodontic treatment. The Defendant did not supervise and give local anaesthesia during the Hygienist's appointment to allow deeper cleaning on those teeth with deep pockets. The Defendant did not treat, review or motivate the Patient personally to stabilize the Patient's periodontal condition before starting orthodontic treatment for the Patient. A referral to a specialist's management was necessary regarding the Patient's periodontal disease if the response was not good after the Hygienist's appointment. An evaluation was needed after the Patient's periodontal condition was stabilized to check whether his condition at that time was suitable to receive orthodontic treatment or not.
32. Dental decay on lower second molars was started below cementoenamel junction (CEJ) and should be restored as a priority to stop the progression of disease through the dentinal tubules and they should be reviewed of any symptoms of pulpitis after restorations were done before initiating orthodontic treatment for the Patient. The Defendant neglected the importance of restoring and maintaining the dental health of the Patient, which was a prerequisite for orthodontic treatment.
33. We are 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. We therefore find the Defendant guilty under charge (iv).

Charge (v)

34. 7mm pocket depth on tooth 33 was first recorded by the Hygienist on 14 August 2017 and then 10mm pocket depth was recorded on the same tooth by the Hygienist in the second visit on 11 December 2017 which clearly indicated the Patient's periodontal disease was progressing. According to Dr WU, which we agree, orthodontic force can only be applied on teeth with healthy periodontium and there are potential hazards of applying orthodontic force on the teeth with active periodontal disease. The Defendant should have advised the Patient not to commence the Invisalign orthodontic treatment, but he had failed to do so, and accepted the Invisalign clincheck plan on 11 December 2017.
35. We are 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. We therefore find the Defendant guilty under charge (v).

Charge (vi)

36. The Defendant noticed the Patient presented with inflamed and bleeding gum at the first consultation but he showed no interest to investigate the severity of the Patient's gum problem. The Hygienist did record deep pocket at tooth 33. However, the Defendant did not carry out a comprehensive periodontal examination of tooth 33, and did not interpret the information

available before the Invisalign orthodontic treatment. It showed that the Defendant neglected the Patient's periodontal health, which might lead to tooth loss.

37. The Defendant should have, but failed to carry out a comprehensive periodontal examination of tooth 33 before commencing the Invisalign orthodontic treatment. We are 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. We therefore find the Defendant guilty under charge (vi).

#### Charge (vii)

38. The Defendant planned maximum IPR of 0.5mm and 0.6mm on all proximal surfaces of all upper and lower teeth respectively on the Patient. Dr WU considered this uncommon and aggressive. According to the plan, IPR should be performed on 5 sites in upper and 8 sites in lower arch before fitting aligner No. 1. However, the Defendant did not instruct Dr TANG, whom he assigned to fit the first aligner for the Patient, to perform IPR accordingly. The Defendant did not check whether the required space was prepared or not when he saw the Patient two months after but continued to issue aligner No. 5-8 to the Patient.
39. No IPR was ever performed for the Patient which created a shortage of space and teeth would be under excessive pressure all the time but alignment would not be improved according to the clincheck plan. Tooth 33 was buccally displaced and suffered from alveolar bone loss. The lingual retraction force applied at crown level of tooth 33 would become excessive especially when there was no space to accommodate tooth 33 in the planned position, would tip tooth 33 crown lingual and at the same time moved its root in the opposite buccal direction which would aggravate bony dehiscence at the buccal side and lead to buccal gingival recession which was detrimental to the periodontal health of tooth 33.
40. We are 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. We therefore find the Defendant guilty under charge (vii).

#### Charge (viii)

41. The Patient's periodontal condition of tooth 33 had worsened throughout his Invisalign orthodontic treatment. The Defendant stopped the Patient's Invisalign treatment on 29 May 2018, after four months when he realized the Patient's periodontal condition was out of control. However, the Defendant did not remove all the attachments to enhance cleaning and reduce the force level to the dentition. The Defendant instructed the Patient to stay on existing aligner at night time only which would allow teeth to relapse in the day time but under orthodontic force again at night time especially when no IPR was provided. The Defendant kept issuing 2 new sets of aligners to the Patient. Even the instruction was just for spare use would still be applying orthodontic force to the periodontally compromised dentition which was detrimental to the periodontal health. 11mm of pocket depth associated with abscess on tooth 33 and 6mm of pockets in other regions were detected by Dr CHAN, which indicated the severity of the periodontal disease, where all active force should be removed from the

Patient's teeth instantly. Priority should be given to resume the periodontal health of the Patient.

42. We are 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. We therefore find the Defendant guilty under charge (viii).

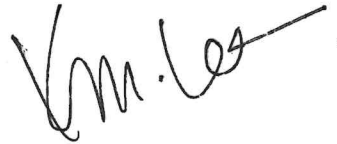
### **Sentencing**

43. The Defendant has three previous disciplinary records. The first previous disciplinary record is in relation to canvassing and is not similar to the present charges. The second and third previous disciplinary records are similar to the present charges as they are treatment cases. In the third previous case the inquiry of which was held on 26 October 2018, the Defendant was ordered to be removed from the GR for a period of 3 months. On 4 April 2019, the Defendant applied for restoration of his name to the GR. Given that there was an outstanding complaint case, at Part 1 of the restoration inquiry held on 10 March 2020, the Council had to determine whether the complaints of the outstanding complaint case against the Defendant could be substantiated. There was a total of seven allegations in this outstanding complaint case, which also related to orthodontic treatment, covering the period from about 2013 to 2018. At the end, the Council found that six of the seven allegations were proven to its satisfaction and they would have amounted to unprofessional conduct. The six allegations proven to the Council's satisfaction were similar to the charges in the present case. At Part 2 of the restoration inquiry, the Council allowed the Defendant's name to be restored to the GR with conditions that the Defendant had to be monitored by a Practice Monitor for two phases, each for a period of not less than 12 months, and to have satisfactorily completed certain number of CPD courses ("the Restoration Conditions"), and pending the Council Chairman's satisfaction of the completion of the Restoration Conditions, the Defendant should not practise orthodontics in Hong Kong independently. The Council allowed the Defendant to practise orthodontics independently in Hong Kong since 20 April 2022.
44. We give credit to the Defendant's cooperation and admission to the facts of all the charges.
45. We bear 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.
46. We have taken into consideration the commendation letters as submitted by the Defendant.
47. We have also taken into consideration the courses as submitted to have been taken by the Defendant.
48. The offences in this case committed by the Defendant were very serious. The Defendant neglected the periodontal and caries condition of the Patient and proceeded with orthodontic treatment. His practice of orthodontics was clearly problematic and unsafe at all material times. When this Council imposed the Restoration Conditions at Part 2 of the Restoration Inquiry, the Council had not had the chance of considering the gravity of the charges in the present case. For the protection of the public, we have to ensure that the Defendant can maintain his competence in practising orthodontics in Hong Kong. We do not accept the Defendant's submission that the risk of re-offending is low.

49. Having regard to the gravity of the case and the mitigation submitted by the Defendant, we make a global order in respect of charges (i) to (viii) that the name of the Defendant be removed from the GR with a right to apply for restoration under section 27A after the expiry of a period of 3 months ("Order"). Our Order shall be suspended for a period of 2 years.

### **Remarks**

50. We must stress that the following remarks form no part of the decision on findings and sentencing above.
51. In this case, the Defendant had delegated to the Hygienist to do scanning for orthodontic purpose, which was inappropriate.
52. The Defendant had also delegated various treatments to other dentists and hygienist(s) for dental care without documentation of adequate communications between them, which was unsatisfactory and unprofessional.



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