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: 10 September 2026

Present at the Hearing

Council Members: Dr LEE Kin-man, MH, JP (Chairperson)
Dr FOO Tai-chuen
Dr YU Jerome
Dr ZHANG Chen
Ms NG Wai-peng, Charlotte

Legal Adviser: Mr Stanley NG

Defendant: Represented by Ms Maureen LIU, Messrs. Howse Williams, Solicitors

Legal Officers representing the Secretary: Ms Liesl LAI, Assistant Law Officer
Ms Christy TSO, Government Counsel
Miss Wingkie LAM, Government Counsel

The Charges

1. The charges against the Defendant, Dr TONG Yat-him, Clement, are as follows:-

"In or about June 2021 to November 2023, you, being a registered dentist, disregarded your professional responsibility to adequately treat and care for your patient, [redacted] ("the Patient") or otherwise neglected your professional duties to the Patient in that, you –

(i) failed to provide dental records to the Patient despite her request(s);

(ii) failed to carry out proper and adequate examination and/or assessment prior to the implant treatment for teeth 23 and 24 (the "Treatment") of the Patient;

(iii) failed to take proper and adequate follow up action(s) when the Patient complained about the pain and/or discomfort of teeth and mouth; and/or

(iv) failed to offer to refer the Patient to another dental practitioner or a specialist when circumstances so required;

and that in relation to the facts alleged, either singularly or cumulatively, 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 4 June 2021, the Patient consulted the Defendant, requesting implant treatment for the lower left molar area. Upon examination, the Defendant found multiple caries and fractured roots. The Patient also experienced discomfort in her upper left and right regions. Teeth 36, 37 and 38 were extracted under local anesthesia at this consultation.

4. On 28 September 2021, the Patient returned to see the Defendant. Implant treatment for teeth 36 and 37 was performed.

5. On 3 December 2021, the Patient returned to see the Defendant for impression taking for the 36 and 37 implant-supported crowns. At this consultation, the Patient was offered the treatment options of (i) no treatment; (ii) extraction of upper teeth followed by replacement with a denture; or (iii) extraction of upper teeth followed by placement of four implants, guided bone regeneration (GBR), osteotome procedures at two sites, and a ceramo-metallic crown (CMC) at tooth 23.

6. On 17 December 2021, implant-supported crowns for teeth 36 and 37 were issued, and occlusion was adjusted. A working impression for a CMC on tooth 23 was taken.

7. On 31 December 2021, the Defendant discussed with the Patient the treatment plan, which included (i) extraction of teeth 14-17; (ii) extraction of teeth 24-27 (understood as extraction of teeth 25 and 26, together with removal of the bridge spanning 24-26); (iii) sinus lift procedures on both the left and right sides; and (iv) implant replacement at sites 14-17 and 24-27. At the same consultation, teeth 25 and 26, together with the bridge spanning 24-26 were removed under local anaesthesia. A CMC for tooth 23 was issued.

8. On 4 April 2022, implant fixtures were inserted at sites 24 and 27, accompanied by simultaneous bone augmentation using buccal open-window approach and xenograft material. Pre-operative and post-operative OPG, as well as post-operative CBCT were taken. A measurement of 4.3mm at the tooth 26 region was recorded on the pre-operative OPG.

9. On 6 April 2022, the Patient returned to consult the Defendant, reporting pain at tooth 23. The Defendant suspected the implant fixture at site 24 might have been placed too close to tooth 23. Observation was advised and a pain-relief medication (*"arcoxia x 5"*) was prescribed.

10. On 22 April 2022, the Patient returned for suture removal.

11. On 21 October 2022, a working impression was taken for the implant-supported bridge at sites 24-27. The Defendant's clinical record noted *"23 less painful, sharp bone at 25b?"*.

12. On 25 October 2022, an OPG was taken. A working impression for 24-27 bridge was taken again, and a working impression for sites 36-37 was also recorded for remaking the 36 and 37 prostheses, as it was noted to be *"not in occlusion due to overerupted 24-27 extracted"*.

13. On 28 October 2022, surgery was performed under local anaesthesia to smoothen sharp bone at site 25.

14. On 18 November 2022, implant supported bridges at sites 24-27 and 36-37 were issued. Extraction of teeth 14-18 was planned for the next appointment.

15. On 29 November 2022, a periapical radiograph was taken for teeth 23-24. The prostheses on the left side were reviewed, and occlusion was adjusted. Extraction of tooth 23 was considered for the next appointment, as *"patient thinks 24 implant too close to 23 and wants to consider ext 23 and replace with implant"*.

16. On 2 December 2022, tooth 23 was extracted under local anaesthesia.

17. On 6 March 2023, a pre-operative OPG was taken, and a measurement of 11.5mm was recorded at the tooth 23 region. An implant fixture was placed at site 23, followed by a post-operative OPG.

18. On 17 April 2023, the Patient returned to consult the Defendant, complaining cheek biting on the left side. At the Patient's insistence, the Defendant adjusted all buccal surfaces of the prostheses on left side. A periapical radiograph was taken for teeth 22-23, and the Defendant noted that implant at site 23 was not in contact with the tooth 22 (*"implant not touching tooth"*). The Patient was advised to continue observation.

19. On 26 April 2023, the Patient returned, reporting that the 24-27 bridge was positioned too buccally. An impression was taken to assess alignment, and the 24-27 bridge was removed. Further adjustment of the 36 and 37 prostheses was performed at the Patient's request.

20. On 7 June 2023, a working impression was taken for the implant-supported crown at site 23. A working impression was also taken for remaking the 24-27 bridge.

21. On 20 June 2023, the implant-supported crown at site 23 and the implant-supported bridge at sites 24-27 were issued.

22. On 3 July 2023, the Patient continued to report discomfort and cheek biting in quadrants 2 and 3. Adjustments were made to the prostheses at sites 27 and 37. The Defendant suggested referral to a specialist for further management but the Patient declined.

23. On 24 July 2023, the Patient repeated the same complaint. Further adjustments were made to the prostheses at sites 23-27. The Defendant again suggested referral to a specialist for further management, but the Patient declined.

24. On 4 August 2023, the Patient repeated the same complaint. Further adjustments were made to the prostheses in quadrants 2 and 3. The Defendant explained to the Patient that, despite multiple adjustments, the issue was beyond his capability and required referral to a specialist.

25. On 10 October 2023, photographs of the left buccal cheek of the Patient were taken.

26. On 12 December 2023, the Patient lodged a complaint against the Defendant with the Dental Council of Hong Kong ("Council").

Burden and Standard of Proof

27. 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.

28. 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

29. 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

30. At the beginning of the inquiry, the Legal Officer for the Secretary offered no evidence in respect of charges (i) and (iv). We will therefore acquit the Defendant of charges (i) and (iv).

31. The Defendant admits the factual particulars of charges (ii) and (iii) against him. However, it remains for us to consider and determine on the evidence whether he has been guilty of unprofessional conduct in respect of the said charges.

32. According to the expert report dated 10 August 2026 ("Expert Report") of Dr NG Sheung-chun ("Dr NG"), the Secretary's expert:

> *"41. From the electronic clinical records provided for the period between 4 June 2021 and 31 December 2021 (date of extraction of upper left teeth 24-26), there were no relevant clinical and radiographic findings documenting the condition of teeth 24 - 26. No periapical radiographs were taken to assess their condition. As periapical radiographs provide more detailed diagnostic information than OPG, which are generally used for screening, the absence of such imaging is notable. Although an OPG (Ref # 20210928 opg) was taken on 28 September 2021, there was no interpretation or radiographic findings documented in the clinical record. In any event, an OPG only provides information on the bone level around a tooth and its*

proximity to adjacent anatomical structures. This assessment needs to be supplemented with a periapical radiograph to determine whether the tooth should be removed for implant treatment or can be preserved through appropriate dental treatment. In my opinion, Dr TONG did not carry out adequate examination and/assessment before extraction of teeth 24-26 and the subsequent implant of tooth 24. Had adequate examination and/ assessment been performed, teeth 24-26 may not have required extraction and implant treatment.

42. *On 31 December 2021, the electronic clinical record noted "sinus lift x 2, implant 14-17, 24-27". Furthermore, on 4 April 2022, a bone height measurement of 4.3mm below the left maxillary sinus region was recorded on the OPG (Ref # 20220404 opg). Dr TONG assessed inadequate bone height for implant placement in the upper left quadrant and performed surgical treatment for implant at sites 24-27, with "open window sinus lift with cerabone".*

43. *It is common practice for dentists to take CBCT imaging for pre-surgical assessment of implant sites particularly in cases involving the esthetic zone, bone grafting, and sinus augmentation. The position statement of the American College of Prosthodontists recommends "cross-sectional imaging... is recommended for preoperative implant assessment" and "CBCT imaging should be used for the esthetic zone, pre- and post-bone grafting, sinus augmentation, pterygoid plate and zygomatic implants". Also, the position statement of the American Academy of Oral and Maxillofacial Radiology on selection criteria for the use of radiology in dental implantology with emphasis on cone beam computed tomography recommends "the radiographic examination of any potential implant site should include cross-sectional imaging orthogonal to the site of interest" and "CBCT should be considered when clinical conditions indicate a need for augmentation procedures or site development before placement of dental implants".*

44. *It is noted that an OPG was taken on 4 April 2022 (Ref #20220404opg), prior to the implant of tooth 24. Had preoperative CBCT been performed on or before 4 April 2022 for implant 24, and the information incorporated into pre-surgical planning and guided surgery, the subsequent mishaps (i.e. placing the implants too close to adjacent tooth, with a horizontal distance of less than 1.5mm between an implant and the root surface of a neighbouring natural tooth) could likely have been avoided. The pre-operative OPG taken on 4 April 2022 provided information on bone quality only in 2-dimension and did not include an assessment of bone width, which I consider insufficient.*

45. *Similarly, only an OPG (Ref #20230306 opg) was taken on 6 March 2023, showing a bone height measurement of 11.5mm at site 23. No pre-operative CBCT imaging was performed for examination and assessment prior to the surgical treatment for implant 23. Given that tooth 23 is located in the esthetic zone, CBCT imaging should have been used, in line with the recommendations of the American College of Prosthodontists. The pre-operative OPG taken on 6 March 2023 provided information on bone quality only in 2-dimension and did not include an assessment of bone width, which I consider insufficient.*

46. The only pre-operative CBCT available was dated 26 June 2015, nearly seven years prior, and covered only the mandible. No pre-operative CBCT imaging was available for the implant sites at 23 and 24.

47. Considering the above, in my opinion, Dr TONG failed to carry out proper and adequate examination and/or assessment prior to the implant treatment for teeth 23 and 24 of the Patient."

33. We agree in full with the opinion of Dr NG. In our view, proper and adequate examination and assessment in this case would require, amongst other matters, (i) 3-dimensional assessment of the implant recipient site by appropriate radiography; (ii) the gathering of information of the soft tissues of and around the recipient site; (iii) an assessment of the occlusion by using study models; and (iv) assessment of the relationship with the vital structure, particularly when the implant site involves the upper jaw and the maxillary sinus. However, the Defendant has failed to perform any of the aforesaid examinations and/or assessments prior to the implant treatment for teeth 23 and 24.

34. We are satisfied that the Defendant had failed to carry out proper and adequate examination and/or assessment prior to the implant treatment for teeth 23 and 24. 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).

35. Dr NG in her Expert Report further said the following:

"48. On 6 April 2022, the Patient first complained of pain at tooth 23. Based on the electronic clinical record, Dr TONG suspected the discomfort might be due to the implant at site 24 being placed too close to tooth 23 ("24 implant too close to 23??"). However, without further investigation, such as performing pulp sensibility testing of the tooth 23 or a periapical radiograph to assess the implant proximity, Dr TONG advised observation and prescribed analgesics ("arcoxia x 5"). In particular, Dr TONG did not undertake further investigations to confirm the status of the nerve or the periodontal tissues surrounding tooth 23. As CBCT or OPG only demonstrate the spatial relationship between the implant and the tooth, they do not provide clinical information on the condition of the nerve or the periodontal tissues. The post-operative CBCT or OPG was therefore insufficient to establish a diagnosis for tooth 23 or to guide appropriate follow up action regarding the patient's pain...

49. Six months later, on 21 October 2022, the Patient reported "23 less painful" and Dr TONG suspected "sharp bone at 25b?". No special investigations were performed, such as pulp sensibility testing, percussion testing, or periapical radiography. It was noted that "opg, check 23. 25" was planned. Dr TONG only provided an impression of the condition, he did not perform any investigations to establish a definitive diagnosis.

50. On 25 October 2022, an OPG (Ref #20221025 opg) was taken. However, there was no documented interpretation of the radiographic findings, nor any relevant examination information regarding teeth 23 and 25 in the electronic clinical record.

51. There was no further follow up on tooth 23 until 29 November 2022, when a periapical radiograph (Ref# 20221129 pa 23_24) was taken for teeth 23-24. Dr TONG recorded that "patient thinks 24 implant too close to 23 and wants to consider

ext 23 and replace with implant". There was no documentation of clinical or radiographic findings based on Dr TONG's own professional judgement regarding whether extraction of tooth 23 was advisable, nor were alternative treatment options provided. Ultimately, tooth 23 was extracted on 2 December 2022.

52. *According to the Patient's complaint form dated 12 December 2023, she reported: "左上第3個釘又再次種歪牙釘，導致我第二隻健康牙出現輕微痛，叫我又要觀察". This was understood to mean that a mis-oriented implant at site 23 caused pain/ discomfort in tooth 22. This aligns with the electronic clinical record, which documented surgical treatment of implant 23 on 6 March 2023, followed by a review appointment on 17 April 2023 where the Patient complained of cheek biting on the left side ("complain of cheeck biting on the left").*

53. *During this appointment, Dr TONG took a periapical radiograph for teeth 22 and 23 (Ref # 20230417 post op pa 23_ 24). The electronic clinical record noted that implant 23 was not in contact with tooth 22 and advised observation ("pa 22, 23, implant not touching tooth, observe"). However, Dr TONG did not perform further investigations to exclude other possible causes of pain associated with tooth 22...*

54. *Considering the above, in my opinion, Dr TONG failed to take proper and adequate follow up action(s) when the Patient complained about the pain and/or discomfort of teeth and mouth."*

36. Again, we agree in full with the opinion of Dr NG. We are satisfied that the Defendant had failed to take proper and adequate follow up action(s) when the Patient complained about the pain and/or discomfort of teeth and mouth. 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 (iii).

Sentencing

37. We give credit to the Defendant's cooperation and admission to the facts of charges (ii) and (iii).

38. The Defendant has four previous disciplinary records and a Part 1 restoration record. 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 which inquiry was held on 26 October 2018, the name of 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. The outstanding complaint case was related to orthodontic treatment, covering a period from about 2013 to 2018. At the end, the Council found that five of the six allegations were proven to its satisfaction and they would have amounted to unprofessional conduct. At Part 2 of the restoration inquiry, the Council allowed the name of the Defendant 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 ("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. The fourth previous disciplinary record was also a treatment case which consisted of 8 charges, covering a period from about August 2017 to July 2018. After due inquiry, the Council ordered on 19 March 2026 that the name of the Defendant be removed from the GR with the right to apply for restoration under section 27A after the expiry of a period of 3 months, and the order of removal be suspended for a period of 2 years.

39. Except for the first disciplinary record, the rest of the previous disciplinary records and Part 1 of the restoration inquiry all consisted of a charge relating to the Defendant's failure to carry out proper and/or adequate examination, assessment and/or investigation prior to certain dental treatment. In mitigation, the Defendant submitted to us his curriculum vitae, which shows that he had successfully completed a Master of Science degree at The University of Hong Kong in Implant Dentistry in 2016. The Defendant also told us that he had recently completed an implant treatment course and since December 2024 has been enrolling in another implant treatment course. When asked, the Defendant agreed that he has always been equipped with the knowledge and skills in implant dentistry. With his achieved qualifications, we have no doubt that the Defendant did not lack the knowledge and skills in implant dentistry at all material times in the present case. What we are particularly concerned with, as shown from his previous records, is why the Defendant continuously neglected the importance of proper and/or adequate examination and/or assessment prior to performing certain dental treatment on patients. Conducting adequate examination, assessment and/or investigations prior to dental treatment is a very basic and essential skill. For this case, the Defendant still at the beginning tried to blame it on his poor record keeping. However, the Defendant ignored the fact that he was convicted of a charge (i.e. charge (ii)) based on his failure to carry out proper and adequate examination and/or assessment. The Defendant later told that the reason for his failure was because he was too busy managing his many clinics and staffs at the time. We cannot accept that patient's health and safety can be compromised by being busy with management work. Looking at all the Defendant's previous disciplinary records plus the record of Part 1 of the restoration inquiry, we must say that the Council has given the Defendant plenty of opportunities to rehabilitate. However, there is nothing much from his mitigation to show us that he has rehabilitated and has insight into his problem.

40. Looking at the previous disciplinary cases, we must say that the occurrence of these similar types of offences was frequent, which took place over a long period since the Defendant's graduation. The Defendant should have known that he had deficiencies in making proper and adequate examination, assessments and/or investigations, and should have made improvements. However, the Defendant still committed the present offences after his name was restored to the GR on 10 March 2020. We do not accept that the risk of re-offending is low.

41. We note from the previous disciplinary case heard on 19 March 2026 that the Defendant is still subject to a removal order of 3 months and be suspended for a period of 2 years. Both parties submitted to us that under section 18(1A) of DRO, the Council has jurisdiction to activate the 3-months' removal order but subject to a discretion whether to activate it or not. Given that the disciplinary charges in the present case were committed prior to the operational period of the suspending order, we will exercise our discretion of not activating the removal order in the previous case.

42. 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. However, the offences committed by the Defendant in this case were very serious, in particular charge (ii).

The Defendant embarked on implant procedure without proper and adequate assessment beforehand, and putting the Patient at serious risk.

43. Having regard to the gravity of the case and the mitigation submitted by the Defendant, we make a global order in respect of charges (ii) and (iii) 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 6 months.

44. We have also considered whether our removal order shall be suspended. For the reasons stated, we do not find a suspension order appropriate.

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