



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

Disciplinary Inquiry under s.18 of DRO

Defendant: Dr CHIU Hon-ching 趙汗青牙科醫生 (Reg. No. D03791)

Date of hearing: 20 April 2026

Present at the hearing

Council Members: Dr HSE Mei-yin, Kitty, JP (Temporary Chairperson)
Dr WAI Tak-shun, Dustin
Dr ZHANG Chen
Ms CHOY Hok-man, Constance
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 Christy TSO, Government Counsel

The Charges

1. The charges against the Defendant, Dr CHIU Hon-ching, are as follows:-

“In or about August 2016 to May 2019, 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 devise an appropriate treatment plan prior to orthodontic treatment using clear aligners;
- (ii) failed to extract the lower left third molar (tooth 38) completely and left part of the tooth behind;
- (iii) failed to inform the Patient of the progress and status of the said extraction of tooth 38;
- (iv) failed to make timely referral to relevant specialist when the orthodontic treatment

- did not progress as planned; and/or
 (v) failed to provide a copy of the medical records to the Patient despite her request;

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 27 July 2009. The name of the Defendant has never been included in the Specialist Register.
3. On 19 August 2015, the Patient consulted the Defendant for the extraction of teeth 18, 28, 38 and 48. Tooth 18 was extracted at this consultation. A follow-up appointment was then made for the extraction of 28 and 38.
4. On 23 July 2016, the Patient first consulted the Defendant for orthodontic treatment. The Patient explained that she wanted to undergo orthodontic treatment using clear aligners in order to achieve a less convex facial profile with the retraction of her upper teeth. The Patient wanted to have aligned teeth and upper teeth further in. The Patient chose Invisalign treatment because it was transparent so it would look less obvious when compared with traditional braces.
5. The Defendant examined the Patient and recorded his findings in his clinical record as follows:-

“Invisalign exam

Skeletal bimax case convex profile class 2 incisor relationship

R class 2 canine, L class 2 canine

R class 2 molar, L class 2 molar

Incompetent lips

Inv imp + take Panoramic radiograph + take photos

Treatment Option 1

Xn 14, 24, 34, 44 TAD ~ (about) 3 years

Treatment Option 2

Xn 8s, distalisation with class 2 elastic ~ (about) 2 years

Non Xn case after discussion with Patient because Patient doesn't want to Xn 4 pre-molars.”

6. The Defendant explained his findings to the Patient. The Defendant advised the Patient of two treatment options. The first option was the extraction of four pre-molars (teeth 14, 24, 34 and 44) and the use of a temporary anchorage device. The Defendant said treatment on this basis would take about three years and he would use elastic to move the Patient's teeth to achieve the desired result (“Option 1”). The second treatment option was to extract the three molars 28, 38 and 48 to create space and then to move the remaining molars backwards slowly (distalisation) using elastic over a period of two years (“Option 2”). The Patient confirmed Invisalign treatment, following Option 2.

7. The Defendant then proceeded to carry out the preparatory work for the Invisalign treatment. He took an impression for the Patient's teeth to forward to Invisalign. He also took an OPG and photographs of the Patient's face and her upper and lower jaw for Invisalign.
8. On 8 August 2016, the Patient next attended the Defendant's clinic for routine scaling and polishing.
9. On 13 August 2016, the Patient returned to the Defendant's clinic for a scheduled appointment. The Patient was shown the Clincheck plan. The Defendant's clinical notes read:

*"Clincheck plan approved by Patient.
69 aligners, bilateral distalisation, lower IPR, class 2 elastic."*

10. The Patient approved the Clincheck plan, using Option 2.
11. On 23 August 2016, the Patient returned to the Defendant for the extraction of teeth 28 and 38. The extraction of these two teeth had already been agreed with the Patient prior to commencement of the Invisalign treatment. The Defendant was satisfied that the extraction of tooth 28 was appropriate; the extraction of tooth 38 was also appropriate as the tooth was impacted horizontally and could cause decay to tooth 37. Teeth 28 and 38 were extracted at this consultation.
12. The Invisalign treatment plan proceeded by a series of consultations between 3 September 2016 and 20 November 2018. There was a total of 34 consultations, which took place during this period. On every occasion that the Patient came to the Defendant's clinic for follow-up, she was seen by the Defendant or one of his dental colleagues. The Defendant had the overall responsibility for the implementation of the treatment plan throughout this period.
13. During the 34 consultations, since 23 November 2016, the Patient had complained to the Defendant and/or his dental colleagues that the aligners were not fitting well. On 12 January 2017, the Defendant also noticed that the upper aligners did not fit. On 14 April 2017, the Patient informed the Defendant that the new aligners did not fit. On 25 April 2017, the Defendant again noticed that the aligners did not fit. On 9 October 2017 and 29 November 2017, the Patient complained that her protrusion became more and more severe. On 5 March 2018, the Defendant's dental colleague noticed that teeth 13 and 23 were slightly unfit.
14. In December 2018, the Patient consulted a Dr SO, Specialist in Orthodontics ("Dr SO"), requesting continuation of orthodontic treatment. The Patient presented to Dr SO with bi-maxillary protrusion with mild gummy smile and incompetent lips. Bonded attachments were found on all first molars, premolars and canines. Inter-proximal stripping of enamel of all her anterior teeth was evident as these teeth resulted in abnormal shape i.e. wider cervical width than the incisor edges. Posterior occlusion of left segments was cusp to cusp. Tooth 25 was carious. Several treatment options were discussed and the Patient rejected the surgical option. The Patient chose an orthodontic camouflage approach necessitating extraction of 4 first premolars to correct her protrusion. The Patient was made aware that none of the treatment options proposed could restore morphology of her anterior teeth.

15. On 11 February 2019, the Patient lodged a complaint against the Defendant with the Dental Council of Hong Kong (“the Council”).

Burden and Standard of Proof

16. 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.
17. 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

18. 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

19. The Defendant admits the factual particulars of charges (i), (ii) and (iii) against him but it remains for us to consider and determine on the evidence whether he has been guilty of unprofessional conduct.
20. The Patient was presented to the Defendant with the characteristics of bimaxillary protrusion. No pre-treatment Study Models are available. The Patient’s pre-treatment malocclusion is unknown. A Lateral Cephalometric Radiograph, an essential orthodontic diagnostic investigation, was not taken. The pre-treatment skeletal relationship, bimaxillary protrusion, lip incompetence, incisal relationship are unknown. There is no record of the diagnosis of the Patient’s overjet and overbite of her Class II incisal relationship. From the extra-oral photographs taken of the Patient on 23 July 2016, she had a noticeable convex profile, moderately-severe bimaxillary protrusion with incompetent lips and gummy smile.
21. The Patient had mentioned on 23 July 2016 that she wanted her upper teeth “further in”, interpreted as wishing to change her skeletal anterior-posterior relationship. There was however no mention of the details of the Patient’s malocclusion, no treatment aims or procedures to address her malocclusion.
22. According to Dr WONG Tin-chun (“Dr WONG”), the Secretary’s Expert, bimaxillary protrusion is a skeletal and dento-alveolar problem and commonly presents itself with a convex profile, incompetent lips, proclined incisors, gummy smile and sometimes with a Class II incisal relationship and crowding. The correction of bimaxillary protrusion can be made by an

orthognathic surgery combined with orthodontic treatment. Surgery corrects the convex profile, skeletal relationship, incompetent lips and gummy smile. Orthodontics corrects the crowding, proclined incisors and establishes a satisfying and functional occlusion. When surgery is declined or not possible, patients are offered a treatment, which aims to improve but not fully correct the convex profile, skeletal relationship, protrusion, and the incompetent lips. This is the “camouflage method” with the extraction of four premolars.

23. According to Dr WONG, which we agree, Option 2 cannot correct a bimaxillary protrusion. Further, inter-proximal reduction (“IPR”) as prescribed in the Patient’s orthodontic treatment (as described in his three prescriptions to Invisalign) is not commonly considered in the treatment of bimaxillary protrusion. Further, in our view, not only is IPR not commonly considered in the treatment of bimaxillary protrusion, in this case, IPR was irreversible as enamel had been unnecessarily removed.
24. In our view, when the Patient sought treatment from the Defendant, it was the Defendant’s responsibility to devise an appropriate treatment plan to ensure that the aims and outcomes of the treatment procedures would satisfy professional requirements as well as the requirements of the Patient. Clear aligners are only one type of orthodontic appliances. The Defendant had the duty to ensure that the type of orthodontic appliance used, in this case, clear aligners, could deliver the aims of the treatment plan, being fully aware of the capabilities and limitations of clear aligners. However, the Defendant had failed to do so.
25. 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).
26. According to the Defendant’s clinical notes, on 23 August 2016, “*Patient come for MOS: 38 Xn 28*”.
27. The Defendant saw the Patient for extraction of teeth 38 and 28. The MOS (Minor Oral Surgery) would be for the extraction of tooth 38 as it was horizontally-impacted and tooth 28 was fully-erupted.
28. The Defendant’s notes mentioned that-
- “Flapless technique used, mesial contact removed, tooth elevated in one piece. wound cleaned with saline.*
- BSS*2”.*
29. According to Dr WONG,
- “35. In common English, ‘tooth elevated in one piece’ would mean that the whole tooth was elevated. There is no record whether any procedure was carried out on 28.*
- 36. A panoramic radiograph was taken on 17 December 2018 of [REDACTED] by [Dr SO]. A piece of radio-opaque tissue (8 mm X 5mm) resembling hard tissue was seen in the region distal to tooth 37, under the soft tissue overlying the area where tooth 38 was situated. This piece of hard tissue resembles part of the marginal ridge and mesial surface of the crown of*

a buccal tooth because of its slight curvature. As seen in the panoramic radiographs taken ... dated 19 August 2015, and that taken by [Dr SO] dated 17 December 2018, the buccal teeth on both the left and right sides of [REDACTED]'s mouth are intact, undamaged and whole, except for the distal-occlusal restoration on the upper right second premolar, the distal-occlusal restoration of the upper right first premolar, the mesial restoration of the upper left second molar, 27 as seen in both radiographs. The difference in these two radiographs is the absent upper left third molar, 28 and the lower left third molar, 38. There is no absent marginal ridge and mesial surface of any upper or lower premolar or molar crown in the mouth. [REDACTED] attended on 23 August 2016 for 'MOS: 38 Xn 28'. There is no record in the clinical notes describing the extraction of the upper left third molar, 28 but it is absent as seen in the radiograph taken by [Dr SO] on 19 December 2018. There is no description whether tooth 28 was extracted in one piece, undamaged and whole. Tooth 28 was fully erupted. From the radiograph taken by Dr CHIU in August 2016, there did not appear to be any obstruction, requiring sectioning of the tooth 28 to prevent a straight-forward extraction. There is no clinical record of the extraction of tooth 28 after 26 August 2016. The piece of hard tissue left behind in the area of the lower left third molar, 38 does seem unlikely to be a part of the tooth 28. With a history of a minor oral surgery carried out in this lower left region of the mouth in the removal of the lower left third molar tooth, 38, plus a procedure 'mesial contact removed' suggesting a dental procedure was carried out performing a 'removal', it is likely that that hard tissue is part of the tooth 38 being left behind.

37. There is no record in the clinical notes of any breakage nor separation of a fragment from the 38...

39. In page 10 para.45 of Dr CHIU's submission, it was stated that:

'... Dr CHIU accepts that a fragment of tooth 38 was not extracted.'

40. In my opinion, this charge is valid. It is one of the important steps in the extraction of a tooth when the tooth is out of the socket, to examine carefully if the tooth has fractured or cracked and if so, to retrieve lost piece/s to be followed by assembling all the pieces of the tooth together to resemble the natural tooth, and to examine the wound ensuring it is clean before closing the wound and finishing the extraction procedure. This is especially important when a procedure, described as 'mesial contact removed' had been carried out. If a part of a tooth is left behind, there is a possibility of infection in the area, which might cause pain and discomfort to the patient. In the long term situation, there may be pathological situations occurring in this region of the mouth, for example trauma to the soft tissues overlying the broken piece of the hard tissues in the area, introducing infection to this region of the mouth."

30. We agree in full with the opinion of Dr WONG. 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).
31. In the Defendant's clinical records, there is no mention of any suspicion of a portion of tooth 38 was retained. There is no record of any x-ray investigation immediately after the extraction nor afterwards to look at the extraction site. There would have been a noticeable missing part when the tooth was removed and checked. Searching for a missing part was necessary. If the remaining portion of the tooth could not be found easily, a radiograph would help to locate it and aided the removal. It was best to remove it before the wound was closed.

32. In the Defendant's submission to the Preliminary Investigation Committee ("PIC") of the Council dated 20 April 2022, the Defendant accepted that he did not advise the Patient that a fragment of tooth 38 had not been extracted for the reason stated therein.
33. In our view, the Defendant had failed to inform the Patient the progress and status of the extraction of tooth 38. 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 (iii).
34. The legal officer for the Secretary offers no evidence as regards charges (iv) and (v). We therefore acquit the Defendant of charges (iv) and (v).

Sentencing

35. The Defendant has three previous disciplinary records. Two previous records concerned canvassing and are not similar to the present charges. One previous record concerned leaving a fractured endodontic file in the patient's tooth.
36. We give credit to the Defendant's cooperation and admission to the facts of charges (i), (ii) and (iii).
37. 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.
38. We have considered the CPD record and the courses taken by the Defendant.
39. The offences committed by the Defendant in this case were serious, in particular charge (i). The treatment plan offered by the Defendant to the Patient was totally inappropriate and the unnecessary IPR had caused irreversible and permanent damage to the Patient's teeth as enamel were removed.
40. The Defendant told us that he has since the incident undertaken refresher courses and further training Invisalign courses. Despite having taken these courses, for the protection of the public, we do not accept that the risk of repetition is low.
41. Having regard to the gravity of the case and the mitigation submitted by the Defendant, we make the following orders:-
- (a) In respect of charges (i), (ii) and (iii), that the name of the Defendant be removed from the General Register permanently for a period of 6 months.
 - (b) The operation of the removal order be suspended for a period of 24 months, subject to the conditions set out in paragraph (c) below.
 - (c) 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 4 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 and minor oral surgery.
 - (v) The Practice Monitor shall report to the Council the progress of the supervision at the end of the 4th, 8th, 12th, 16th, 20th and 24th month during the suspension period. If any irregularity is detected, the irregularity should be reported to the Council Chairperson as soon as possible.
- (d) The orders in paragraphs (a) to (c) above shall be published in the Gazette.



Dr HSE Mei-yin, Kitty, JP
Temporary Chairperson
The Dental Council of Hong Kong