



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

Disciplinary Inquiry under s.18 of Pre-amended DRO

Defendant: Dr NG Hang-on 吳恒安牙科醫生 (Reg. No. D03643)

Date of Hearing: 16 April 2025

Present at the Hearing

Council Members: Dr LEE Kin-man, JP (Chairperson)
Dr LEE Siu-man, Sharon
Prof. LEUNG Wai-keung
Dr FOO Tai-chuen
Dr LEUNG Shuk-kam, Sharron

Legal Adviser: Mr Stanley NG

Legal Representative for the Defendant: Mr Chris HOWSE, Messrs. Howse Williams, Solicitors

Legal Officer representing the Secretary: Ms Elsie CHU, Senior Government Counsel

The Charges

1. The Defendant, Dr NG Hang-on, is charged that:-

“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 effective root canal treatment for tooth 45 in 2020; and/or
- (ii) failed to provide appropriate post-operative care in relation to the root canal treatment rendered to the Patient in 2020;

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 since 8 August 2006. His name has never been included in the Specialist Register.
3. The Defendant first saw the Patient on 4 August 2016. The Patient told the Defendant that she was receiving financial assistance under the Comprehensive Social Security Assistance Scheme of the Social Welfare Department ("SWD"). The Patient complained of pain in the lower right quadrant. According to the Defendant, there was a deep periodontal pocket in the lower right second molar (tooth 47) and it was tender to percussion ("TTP"). The periapical radiograph also showed severe radiolucency around the distal root of tooth 47. Tooth 47 was subsequently extracted and after a few appointments, a lower cobalt-chrome partial denture replacing tooth 47 was made and issued on 24 September 2016.
4. On 9 November 2017, the Defendant performed scaling for the Patient.
5. The Defendant did not see the Patient again until 9 January 2020. She complained of pain in the lower right quadrant for about one week. According to the Defendant, tooth 45 was TTP, but he found no abscess, deep pocket or deep caries around tooth 45, and the mobility was Grade 1. Periapical radiograph of tooth 45 revealed no periapical radiolucency, periodontal pockets, active caries or abscess. There were hazy attrition marks on the occlusal surface and the Defendant suspected that the cause of the pain was due to attrition of "Leong's Premolar" causing "irreversible pulpitis". As the Patient complained of severe pain on tooth 45, the Defendant advised the Patient to undergo root canal treatment ("RCT") followed by placement of a crown.
6. On 17 January 2020, the Defendant performed full-mouth scaling for the Patient.
7. On 4 February 2020, the Defendant started RCT for tooth 45. Local anaesthetic was administered. The Defendant found only one canal. He irrigated the root canal with 2% chlorhexidine solution. Working length was determined by an apex locator and periapical radiograph. Calcium hydroxide was placed as intracanal medicament. A temporary filling was placed to seal the access cavity.
8. On 13 February 2020, the Defendant found that tooth 45 was not TTP. He obturated the canal by lateral condensation with gutta percha and endodontic sealer, AH26. The excessive coronal portion of the gutta percha was removed with a heated carver and a ParaPost drill. A 1.25 mm ParaPost was inserted and a periapical radiograph was taken to ensure no perforation of the canal wall. The ParaPost was then cemented with Durelon polycarboxylate cement. The Defendant then prepared the tooth for ceramo-metal crown ("CMC") and took an impression. A temporary crown was cemented on tooth 45.
9. On 18 February 2020, the Defendant cemented the crown on tooth 45. Since this consultation, the Patient had not visited the Defendant again.
10. On 18 or 20 February 2020, the Patient sent a complaint letter to SWD, complaining *inter alia* about discomfort of the crown immediately on the day of cementation.
11. On 20 February 2020, the Patient consulted a Dr CHEUNG ("Dr CHEUNG"). According to Dr CHEUNG's clinical record, the Patient asked about implant replacement for missing tooth 47. Nevertheless, Dr CHEUNG adjusted the crown in tooth 45. The lingual side of the crown was further polished on 10 March 2020. On that day, an implant fixture was surgically placed in the edentulous 47 region. The Patient attended more dental appointments with

Dr CHEUNG on 24 March 2020, 15 June 2020, 17 June 2020, 29 June 2020 and 13 July 2020 to complete the implant prosthesis for replacing tooth 47. On 3 August 2020, Dr CHEUNG reviewed the implant and the Patient did not have any discomfort in the implant 47 or tooth 45.

12. On 30 November 2020, the Patient consulted a Dr CHAN ("Dr CHAN"). According to Dr CHAN's subsequent referral letter, the Patient complained of "on and off spontaneous low-grade dull pain in the lower right quadrant". Dr CHAN had the following findings regarding tooth 45: "+ve TTP, non-tender to palpation, poor RCT quality, CMC with mild marginal discrepancy at mesial and buccal surfaces, no increasing tooth mobility or deep pockets". Dr CHAN then referred the Patient out and to a Dr CHIU ("Dr CHIU"), a specialist in endodontics, for consultation of endodontic retreatment for tooth 45.
13. On 11 December 2020, the Patient visited Dr CHIU. After the consultation, Dr CHIU referred her back to Dr CHAN for removal of the defective crown first and suggested to reassess the RCT 45 three months later. According to Dr CHIU's clinical record, tooth 45 was TTP and a periapical radiograph "showed thick-metal post in canal with gap and inadequate RFs [root-fillings] in canal, but no radiolucent lesion ?? radio-opact [radiopaque] lesion near the root apex. CBCT 45 showed inadequate Rfs with apical curve root and one canal present with thickening of apical PDL [periodontal ligament]".
14. Somehow the Patient did not return to consult Dr CHAN. Instead, she visited a Dr KUO of another clinic on 28 December 2020. According to the comments of Dr KUO in the quotation sheet, he had explained the risks and complication of crown removal to the Patient and she preferred no treatment.
15. By letters dated 14 April 2020, 14 May 2020 and 7 January 2021, the Patient complained against the Defendant with the Dental Council of Hong Kong ("the Council").

Burden and Standard of Proof

16. We bear in mind that the burden of proof is always on the Legal Officer and the Defendant does not have to prove his innocence. We also bear 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 the disciplinary charges against him carefully.

Unprofessional Conduct

18. According to section 18(2) of the pre-amended Dentists Registration Ordinance, Cap. 156 ("pre-amended 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.

Findings of Council

19. The Defendant admits to the facts of charge (i). However, it remains for us to consider and determine whether he is guilty of unprofessional conduct under charge (i).
20. According to the periapical radiograph taken by the Defendant on 9 January 2020, the apical third of the root of tooth 45 was curved distally. The radiograph taken on 4 February 2020 for determining working length also showed the same. The curvature was about 20°. According to the Secretary's expert, the difficulty in terms of curvature was moderate (10° - 30°).
21. According to the periapical radiograph taken by the Defendant on 4 February 2020 for determining working length, the tip of the file could reach the radiographic apex of tooth 45.
22. According to the clinical record of the Defendant, on 13 February 2020 (which the Defendant claimed that it was mistakenly dated 11 February 2020), after the obturation with gutta percha and AH26, the Defendant did not take a post-operative radiograph immediately. Instead, he removed the excessive gutta percha with a heated carver and prepared the canal with a ParaPost drill. According to the Defendant's submission to the Preliminary Investigation Committee dated 5 May 2023, he took a post-operative radiograph at this juncture "to ensure no perforation of the canal wall". He then cemented the post and restored the access cavity with composite resin.
23. The digital periapical radiograph taken on 11 December 2020 by Dr CHIU provided a clear image after post-endodontic restoration and confirmed the underextended root filling in apical third (shorter than the working length), a single cone of gutta percha segment in the middle third with spaces around the gutta percha, and a significant void coronally between the gutta percha and post. This radiographic appearance was similar in the OPG taken by Dr CHEUNG on 20 February 2020 and 10 March 2020. In addition, Dr CHIU reported that her CBCT showed inadequate root filling and thickening of apical PDL.
24. The Defendant claimed that he obturated the canal by lateral condensation. However, the appearances of all the radiographs seemed to show that there was only one segment of gutta percha and no fragments of other accessory gutta percha cones were present.
25. According to the Secretary expert's view, which we agree, tooth 45 was definitely underfilled (having voids and spaces) and underextended (significantly away from the apical foramen), and therefore the successful rate of the RCT 45 was significantly reduced. RCT 45 was considered not effective.
26. We observe that in determining the working length, the file was able to reach the radiographic apex, indicating that the apex was accessible for cleaning and shaping. If cleaning and shaping was adequate, the area should have been filled by root filling adequately. However, this was not the case.
27. From the periapical radiograph taken on 13 February 2020, the Defendant should have noticed that the root filling fell far short of the radiographic apex. The Defendant should have observed the insufficiency of the root filling and should have removed the gutta percha and redone the obturation again or should have considered referring the case to a specialist in endodontics for advice and treatment.
28. For the reasons above, 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 (i).

29. The Legal Officer on behalf of the Secretary offers no evidence in respect of charge (ii). We therefore find the Defendant not guilty of charge (ii).

Sentencing

30. The Defendant has no previous disciplinary record.
31. The Defendant does not contest the charge at today's inquiry. We will give the Defendant credit for his admission.
32. 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.
33. Having regard to the gravity of the case and the mitigation submitted by the Defendant, the Council orders that in respect of charge (i) the Defendant be reprimanded. Our order shall be published in the Gazette.



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