



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

Disciplinary Inquiry under s.18 of DRO

Defendant: Dr NG Yuk-kee, Brian 吳鈺麒牙科醫生 (Reg. No. D04295)

Date of Hearing: 7 August 2025

Present at the Hearing

Council Members: Dr LEE Kin-man, MH, JP (Chairperson)
Dr HSE Mei-yin, Kitty, JP
Dr LEE Siu-man, Sharon
Dr KO Hay-ching, Brian
Mr KOK Che-leung, BBS

Legal Adviser: Mr Stanley NG

Legal Representative for the Defendant: Ms Maureen LIU, Messrs. Howse Williams, Solicitors

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

The Amended Charges

1. The Defendant, Dr NG Yuk-kee, Brian, is charged that:-

“In or about January 2022, 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 maintain proper treatment record for the Patient;
- (ii) failed to manage tooth 46 despite the Patient’s complaint;
- (iii) failed to make appropriate diagnosis and/or treatment plan for tooth 46 as the circumstances warranted; and/or
- (iv) failed to obtain informed consent for the restoration of tooth 45;

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 7 August 2017. His name has never been included in the Specialist Register.
3. On 19 January 2022, the Patient attended a dental clinic at Shau Kei Wan (“the Clinic”). The Patient told the Defendant that a dental filling had come out from a tooth on the lower right side. The Patient requested the Defendant to put a new filling on that tooth (which we now know is tooth 46). The Patient also complained of sore teeth on upper right side and asked the Defendant to check the problem. After checking, the Defendant placed two dental fillings for the Patient, one on a tooth on the upper right side (tooth 15) and one on a tooth on the lower right side (tooth 45). The Patient went home, checked his teeth in the mirror, and discovered that no new filling had been placed on that particular tooth on the lower right side (i.e. tooth 46), which he requested. The Patient complained to the staff of the Clinic. An appointment was made for the Patient to see a Dr CHAN, a locum dentist in the Clinic, on 31 January 2022. Dr CHAN confirmed to the Patient that filling was done by the Defendant on tooth 15 and tooth 45, but not on that particular tooth (i.e. tooth 46) that the Patient asked for.
4. By a statutory declaration made on 20 May 2022, the Patient lodged a complaint against the Defendant with the Dental Council of Hong Kong (“the Council”). Enclosures of the statutory declaration include copies of an Official Receipt issued by the Clinic dated 19 January 2022, the Clinic’s treatment record of the Patient (“the Treatment Record”), and a photograph showing the lower right side of the Patient’s oral cavity provided by the Patient.

Burden and Standard of Proof

5. 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.
6. 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

7. 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

8. The Secretary offers no evidence in respect of charge (iv). We will therefore acquit the Defendant of charge (iv).

9. The Defendant admits to the facts alleged under charges (i), (ii) and (iii) and does not contest that the facts alleged amount to unprofessional conduct. However, it remains for us to consider and determine whether the Defendant is guilty of unprofessional conduct under these charges.
10. In his submission to the Preliminary Investigation Committee (“PIC”) of the Council dated 17 June 2023 (“PIC Submission”), among other matters, the Defendant alleged that:
- (i) At the consultation on 19 January 2022, the Patient’s chief complaint was that the original filling at tooth 46 at the distal-occlusal (“DO”) surface had dislodged and the Patient wanted the filling to be replaced. Apart from this chief complaint, the Patient also felt some sensitivity around the upper right quadrant.
 - (ii) The Defendant further performed a preliminary dental checkup. Upon oral examination, he found that the Patient had generalised tooth wear with a heavy attrited dentition. Tooth 46 had heavy occlusal wear facets encroaching the site of the Patient’s dislodged filling. In view of this and taking into account the Patient’s history of having a previously dislodged DO restoration at tooth 46, further occlusal examination and analysis would be required to determine the cause of the dislodged filling before placing a similar restoration. Radiographic examination and vitality testing might also be necessary in the process.
 - (iii) The Defendant considered that the cause of the dislodged filling was only one aspect of a bigger picture that required further investigation, and there could be multiple treatment options available that should be offered to the Patient. The tooth might need a dental crown in addition to the filling. Also, the modification of the occlusal vertical dimensions in which the treatment of multiple teeth (if not all the teeth) in the lower dental arch might be required in order to satisfy the Patient’s request for a proper occlusal restoration on tooth 46. The Defendant considered the case might be potentially complex.
11. Despite what the Defendant alleged, the Treatment Record on 19 January 2022 contained only these entries:
- “15, 45 NCCL –photac fil x 2
heavily attrited dentition”*
12. For a treatment record to be proper, a patient’s chief complaint should be recorded. A dentist should also note down the history of the complaint. For a case of dislodged filling, a dentist should have asked the patient when the previous filling was placed, and when it dislodged. This is an important piece of information because if the previous filling did not last long, the dentist must take precaution if he decided to put a new filling. A dentist should also include the examination findings, diagnosis, treatment plan, and options provided to the patient. However, the Treatment Record has none of all these basic information. The Defendant did not record anything at all regarding tooth 46, nor did he record the reason why he ignored the Patient’s request of placing a new filling on that tooth. The Treatment Record is a total omission of the Patient’s chief complaint regarding tooth 46, and is unacceptable.
13. We are satisfied that the conduct of the Defendant had seriously fallen below the standard expected amongst registrants. It would be reasonably regarded as disgraceful and dishonourable by registrants of good repute and competency. We therefore find the Defendant guilty of charge (i).

14. There is no mention of the clinical condition of tooth 46 in the Treatment Record nor did the Defendant record the reason why he ignored the Patient's request of placing a filling on that tooth.
15. Despite what the Defendant alleged in his submission, as stated in paragraph 10 above, there is no single word concerning the diagnosis and treatment plan for tooth 46. The phrase "*heavily attrited dentition*" in the Treatment Record describes the Patient's dentition in general. It is not a diagnosis of the condition of tooth 46.
16. If according to what the Defendant alleged that he considered that the case on tooth 46 might be potentially complex and further examination was required, and he had no time on that day, what he could have done was to arrange for a second appointment. However, according to the Patient, he had asked the front desk nurse for a follow-up appointment. The nurse, after asking the Defendant, replied to the Patient that a follow-up appointment was not needed. This means that the Defendant had no plan to further investigate the condition in order to make a diagnosis and treatment plan for tooth 46.
17. It is evident that the Defendant had failed to make diagnosis and treatment plan, and had not managed tooth 46 despite the Patient's chief complaint. It was an omission in the planning rather than a planned inaction for tooth 46.
18. We are satisfied that the conduct of the Defendant had seriously fallen below the standard expected amongst registrants. It would be reasonably regarded as disgraceful and dishonourable by registrants of good repute and competency. We therefore find the Defendant guilty of charges (ii) and (iii).

Sentencing

19. The Defendant has no previous disciplinary record.
20. The Defendant does not contest charges (i), (ii) and (iii) at today's inquiry. We will give the Defendant credit for his admission.
21. 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.
22. We must stress that the offences committed by the Defendant are serious. In particular, proper record keeping is very elemental, and expected to be observed by every registered dentist.
23. Having regard to the gravity of the case and the mitigation submitted by the Defendant, the Council makes a global order in respect of charges (i), (ii) and (iii) that the Defendant be reprimanded. Our order shall be published in the Gazette.



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