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

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

Defendant: Dr HUI Man-chun 許文晉牙科醫生 (Reg. No. D03178)

Date of Hearing: 6 November 2025

Present at the Hearing

Council Members: Dr FOO Tai-chuen (Temporary Chairperson)
Dr LEE Siu-man, Sharon
Dr LEUNG Shuk-kam, Sharron
Dr YU Jerome
Dr ZHANG Chen

Legal Adviser: Mr Stanley NG

Legal Representative for the Defendant: Ms CHUNG Hiu-yee of Messrs. Howse Williams, Solicitors

Legal Officer representing the Secretary: Miss Christy TSO, Government Counsel

## The Charges

1. The Defendant, Dr HUI Man-chun, is charged that:-

"In and about September 2011 to 2018, 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 carry out appropriate preoperative assessments before initiating the orthodontic treatment using clear aligners (Invisalign) on the Patient;

(ii) failed to devise an appropriate treatment plan for managing the malocclusion of the Patient;

(iii) failed to devise an appropriate treatment plan for managing the condition of the Patient prior to the first, second or third "refinements" of the orthodontic treatment;

(iv) failed to inform the Patient of the risks and potential complications for a proper

informed consent before the orthodontic treatment and the subsequent three "refinements";

(v) failed to provide timely information and/or advice to the Patient regarding the malocclusion, tooth discoloration, pulp necrosis and/or root resorption; and/or

(vi) failed to make timely referral to relevant dental specialist(s) for management of the malocclusion before, during or after the orthodontic treatment;

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 23 July 1998 which was subsequently removed on 1 July 2001 due to failure to renew annual practising certificate. His name was later restored on 18 September 2002. His name has never been included in the Specialist Register.

3. On 17 September 2011, the Patient consulted the Defendant for the first time for enquiry about orthodontic treatment. The Patient's chief complaint was that she suffered from a mild case of jaw deviation to the right and the problems of mild underbite and gaps between the molars. The Patient clearly stated that she would opt for traditional orthodontic treatment with metal wires, simply in the hope that her teeth could be aligned as soon as possible. The Defendant suggested Invisalign orthodontic treatment.

4. At the consultation on 14 January 2012, the Patient accepted Invisalign treatment. The Defendant explained the treatment plan involved the extraction of teeth 14 and 24. The Defendant told the Patient that the expected orthodontic result could be achieved after 1.5 years.

5. On 21 January 2012, panoramic radiograph was taken.

6. On 12 February 2012, extra-oral photos and model photos were taken.

7. On 23 February 2012, 1st Clincheck was approved.

8. Extractions of tooth 14 and tooth 24 were performed on 14 March 2012 and 21 March 2012 respectively.

9. On 28 March 2012, Invisalign treatment started. Aligners (1st round) were issued to the Patient at regular intervals from 28 March 2012 to 9 March 2013.

10. On 19 April 2013, impression was taken for 1st refinement.

11. On 22 May 2013, 2nd Clincheck was approved.

12. On 1 June 2013, the 1st refinement treatment started. Aligners (2nd round) were issued to the Patient at regular intervals from 1 June 2013 to 14 February 2015.

13. On 27 March 2015, 3rd Clincheck was approved.

14. On 11 May 2015, the 2nd refinement treatment started. Aligners (3rd round) were issued to the Patient from 11 May 2015 to 12 November 2016.

15. On 2 January 2017, 4th Clincheck was approved.

16. On 17 February 2017, the 3rd refinement treatment started. Aligners (4th round) were issued to the Patient from 17 February 2017 to 7 March 2018.

17. On 23 April 2018, the Defendant discussed with the Patient about the treatment results after the 3rd refinement treatment finished. The Defendant asked the Patient to sign a form to acknowledge the completion of the orthodontic treatment. The Patient refused as she said her dental problems remained unresolved.

18. The Patient subsequently consulted another dentist, a Dr LO. According to Dr LO's clinical notes, the Patient had the following problems: midline off, discoloured 21, 23 (with possible necrosis); no posterior contact on ICP (intercuspal position), canting on the right side.

19. On 29 August 2018, the Patient consulted a Dr SO, a specialist in orthodontics. Dr SO pointed out to the Patient the following problems with her teeth: a left incisor was necrotic; upper and lower jaws were unable to perform normal occlusion and only the four teeth in the front could perform occlusion; root resorption; the right molar in the lower jaw tilted forward; and the midline was misaligned.

20. On 24 October 2018, the Patient lodged a complaint against the Defendant with the Dental Council of Hong Kong ("the Council").

## Burden and Standard of Proof

21. 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.

22. 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

23. 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**

24. The Defendant admits to the facts alleged in the charges. However, it remains for us to consider and determine whether the Defendant is guilty of unprofessional conduct under the charges.

25. We have carefully considered the report dated 16 June 2025 provided by the Secretary's expert, Dr WU Chun-lam, Charlene.

26. Clinical examination, orthodontic study model with bite registration, cephalometric radiographs, panoramic radiographs, and intra-oral and extra-oral photos are essential medical records to allow the operator to obtain information about patient's soft tissue profile, periodontal, dental & alveolar bone condition and then perform analysis regarding the occlusion, dentition, arch width, jaw base relationship and angulation of incisors for making orthodontic diagnosis and formulation of proper treatment plan before commencement of orthodontic treatment.

27. The Defendant had not taken pre-treatment intra-oral photos to show the colour of teeth, gingival level, colour, contour and thickness. Dental models were taken without proper articulation. Cephalometric radiograph was not taken where skeletal relationship, incisors angulation and the amount they were deviated from the norms could not be fully identified. These are important parameters to indicate whether the Patient's case could be treated with orthodontic treatment only.

28. The Defendant had taken pre-treatment extra-oral photos but the images were not proper clinical photos. The Patient did not stand at natural head position, which might create distortion in images. Facial proportion and asymmetry could not be quantified and those photos failed to represent valid pre-treatment clinical information.

29. The Patient's chief concerns were not recorded. The Defendant wrote down in his clinical notes "anterior Class III, retroclined 11, 12, 21, 22, midline shifted, lower jaw to right side, incomplete bite on left & right". There was no description about the Patient's facial profile, lip length, lips separation, amount of chin deviation and upper & lower midlines deviation, any forward or lateral displacement of her lower jaw during closing and any temporomandibular joint (TMJ) abnormalities.

30. From the pre-treatment records, it revealed the Patient presented with Class III malocclusion with anterior crossbite on a skeletal III base. Facial asymmetry with chin deviation to the right. Both of her lower first molars were missing and all other lower molars were mesially tipped to close up most of the missing lower first molars space. However, since all lower molars were inclined mesially with their roots at distal position, they were not in an uprighted functional position. Molar relationship was asymmetrical. Posterior cusp to cusp unilateral crossbite was present on right indicating a transversal discrepancy. Moderate crowding was present in upper and mild spacing in lower arch.

31. The Patient presented with obvious skeletal discrepancies in 2-dimensions (both transversal & sagittal), but there was no attempt by the Defendant to investigate on the amount of discrepancy. Cephalometric radiograph is essential not just showing the amount of deviation from norms, but reveals the alveolar bone width on anterior maxilla and mandibular symphysis which house the upper and lower incisors. This allows the operator to assess whether the forthcoming orthodontic tooth movement in sagittal dimension will be violated from the biological limit or not and decide whether a surgical treatment is needed to have full correction of the patient's skeletal problem instead.

32. Posteroanterior (PA) skull radiograph is recommended for patient with facial asymmetry as it reveals the amount of skeletal asymmetry in transversal view and allows the operator to judge whether dental compensation is enough to correct the transversal dental discrepancy (unilateral posterior crossbite on right side).

33. However, no cephalometric and PA skull radiographs were taken by the Defendant to assess the sagittal and transversal skeletal discrepancies of the Patient. Definitive diagnosis could not be made.

34. Further, the Defendant had already proposed the treatment plan for the Patient before taking proper clinical records, including radiographs and clinical photos.

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 of charge (i).

36. The Defendant provided only one orthodontic treatment option to the Patient, which was Invisalign orthodontic treatment involving extraction of both of the Patient's upper first premolars (i.e. 14 & 24). Extraction of upper first premolars usually is not preferred in skeletal Class III camouflage case, as it will create excess space in upper anterior region and upper incisors can never be proclined forward and making Class III malocclusion difficult to correct.

37. Surgical treatment option has to be provided to patient who presented with skeletal discrepancies in 2-dimensions, as orthodontic tooth movement can never correct a prognathic mandible or a true facial asymmetry. It reflected that the Defendant was unaware of the Patient's skeletal discrepancies in 2-dimensions, as no surgical option was provided. The Patient could never make the correct decision before knowing all the available treatment options.

38. If orthodontic camouflage treatment is planned in surgical patient, virtual treatment objectives need to be set up on cephalometric radiograph to make sure post-treatment incisors are positioned inside alveolar housing. The Defendant did not have this planning as no cephalometric radiograph was taken before the treatment started.

39. Invisalign appliance is a clear plastic removable orthodontic appliance where most of the tooth movement are anticipated. The predictability of treatment depends on (i) the operator's tooth movement planning which based on the operator's knowledge in Orthodontics & Invisalign appliance, (ii) patient's compliance and (iii) patient's biological response. Clear aligners can be challenging and technique sensitive in performing molar root movement and extrusion movement. In this case, all the lower molars roots need to be uprighted by mesial root tip movement and upper molars need to be moved forward to close up upper premolars extraction space. On the other hand, conventional fixed appliance would be a more powerful appliance in uprighting lower molars into functional position and should be provided as an option to the Patient. The decision of using Invisalign treatment in this case was dictated and biased by the Defendant who failed to explain the strength and weakness of Invisalign appliance and inform the Patient the possibility of using other appliance to overcome its weakness.

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 of charge (ii).

41. The Patient had received 6 years of Invisalign orthodontic treatment from 2012 to 2018 with 4 clincheck setups. The treatment time was unexpectedly prolonged because proper diagnosis was not made. The Defendant had made the wrong decision of extracting both upper first premolars and complicated the Class III malocclusion. No radiographs were taken, no evaluation was made before the 3 consecutive refinement treatments to assess the efficiency of the appliance and tooth response and there was no suggestion of a change of appliance.

42. The Defendant had not paid specific attention to roots movement. Poor attachments design to support uprighting of lower molars, mesial root movement of upper posterior teeth and extrusion of posterior teeth. The Defendant failed to evaluate the treatment efficiency of his clincheck plan after each round of Invisalign treatment and provide timely advice to the patient when there was off-tracking.

43. 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).

44. The Defendant did not explain the possible risks and complications (such as root resorption, tooth non-vitality, Class III malocclusion and facial asymmetry could not be fully corrected, relapse tendency which requires the use of retainers, decalcification on tooth surfaces caused by inadequate oral hygiene, dark triangles, risk of periodontal breakdown when periodontal diseases strike during tooth movement) associated with orthodontic treatment to the Patient before treatment. The Patient could not therefore weigh the risks and costs against the benefits of the various treatment options before making treatment decision.

45. The Council gratefully adopts as its guiding principles the following statements of the law on informed consent as expounded in *Montgomery v Lanarkshire Health Board* [2015] UKSC 11:

> *"87. ... An adult person of sound mind is entitled to decide which, if any, of the available forms of treatment to undergo, and her consent must be obtained before treatment interfering with her bodily integrity is undertaken. The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments. The test of materiality is whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it.*
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> ...
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> *90. ... the doctor's advisory role involves dialogue, the aim of which is to ensure that the patient understands the seriousness of her condition, and the anticipated benefits and risks of the proposed treatment and any reasonable alternatives, so that she is then in a position to make an informed decision. This role will only be performed effectively if the information provided is comprehensible ..."*

46. 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 (iv).

47. Complications appeared shortly after 1 year of Invisalign treatment, and were evident in photos taken on 9 May 2013, where tooth 21 became discoloured and roots of 33-43 were prominent on the labial surface after lower incisors were retracted in the 1st round of Invisalign treatment. Pulpal necrosis is not conclusive on tooth 21 as no apical pathology was detected in the CT scan and no major root resorption was found. Despite seeing the Patient every 2-6 weeks in the past 6 years, the Defendant was unaware of the complications. Orthodontic treatment should be stopped once complication appeared and patient needed to be informed. Then the Defendant should have performed evaluation to find out the possible causes and plan the appropriate management.

48. However, these conditions were left untreated throughout and after the Invisalign orthodontic treatment, which is unacceptable. No further radiographs were taken in the middle of treatment before formulation of the 3 refinement treatment plans or at the end of the treatment, where root length, root position and root condition were not evaluated after each round of Invisalign treatment to avoid further more complications.

49. 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 (v).

50. After 6 years of orthodontic treatment, occlusion was still compromised where only minimal overjet and overbite were achieved at the incisors and bilateral posterior open bite developed after 1st round of Invisalign treatment was left untreated till the completion of treatment. The only occlusal contact was established on incisors which would create trauma and overloading to the incisors. The lower molars were not uprighted into functional position and no alternative appliance was suggested to improve the condition. No radiograph was taken and treatment evaluation was performed before each refinement orthodontic treatment. The Defendant neglected the importance of establishing a stable and functional posterior occlusion in this case which compromised the Patient's chewing efficiency and induce trauma to her front teeth during mastication. The Patient was not informed of her condition at the end of the treatment and no timely referral to a specialist during and after her orthodontic treatment was completed.

51. 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 (vi).

## Sentencing

52. The Defendant has no previous disciplinary record.

53. The Defendant does not contest the charges at today's inquiry. We will give the Defendant credit for his admission.

54. 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.

55. We have considered the reference letters as submitted and the voluntary work the Defendant participated in.

56. We also take note of the courses relating to orthodontics attended to by the Defendant since the incident.

57. The offences committed by the Defendant in this case are serious. The Defendant's knowledge and skills in orthodontics at all material times of the offences was deficient in many aspects. However, with such deficiency, the Defendant still provided orthodontic treatment to the Patient, which turned out compromising the Patient's dental health.

58. For the protection of the public, we have to ensure that the Defendant is a fit person to practise dentistry, and in this case, orthodontics.

59. 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) to (vi), that the name of the Defendant be removed from the General Register for a period of four months.

(b) The operation of the removal order above shall be suspended for a period of 24 months, subject to the conditions set out below.

(c) The conditions are in the following terms –

(i) The Defendant's practice during the suspension period shall 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 6 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 written protocol on orthodontics.

(v) The Practice Monitor shall report to the Council the progress of the supervision at the end of the 6$^{th}$, 12$^{th}$, 18$^{th}$ and 24$^{th}$ month during the suspension period. If any irregularity is detected, the irregularity should be reported to the Council Chairperson as soon as possible.

(d) Our orders above shall be published in the Gazette.

Dr FOO Tai-chuen
Temporary Chairperson
The Dental Council of Hong Kong