



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

Disciplinary Inquiry under s.18 of DRO

Defendant: Dr CHENG Wing-tak, Gloria 鄭穎德牙科醫生 (Reg. No. D03786)

Date of hearing: 21 November 2016

1. The Defendant, Dr CHENG Wing-tak, Gloria originally faced four charges, namely charges (a), (b), (c) and (d). At the start of the inquiry, the Legal Officer offered no evidence in respect of charges (a) and (d). The remaining charges against the Defendant, namely charges (b) and (c), are as follows:

“That you, being a registered dentist, disregarded your professional responsibility to adequately treat and care for your patient [REDACTED] (‘the Patient’), or otherwise to have neglected your professional duties to her in that, between March 2012 and August 2012 –

- (b) you failed to carry out proper and effective Root Canal Therapy on the Patient for her [tooth] ‘14’; and/or
- (c) you failed to properly or adequately advise the Patient of your treatment progress after the Root Canal Therapy in (b) above;

and that in relation to the facts alleged you have been guilty of unprofessional conduct.”

Facts of the Case

2. The Defendant’s name has been included in the General Register of this Council from 27 July 2009 to present.
3. On 8 March 2012, the Patient first visited the Defendant at her clinic requesting for scaling and polishing as well as restorations for her teeth due to feeling of “hot and cold”. On intra-oral examination, the Defendant found that teeth 14, 15, 24, 25, 35 and 36 were carious. Four radiographs (one for each quadrant) were taken. Dental restorations were done for teeth 24, 25, 35 and 36. For teeth 14 and 15, as caries already extended to the pulp, Root

Canal Therapy (“RCT”) was performed. Both teeth 14 and 15 had pulp extirpation and dressed with an intra-canal medicament.

4. On 17 March 2012, the Patient visited the Defendant at her clinic. The Patient told the Defendant that the restoration in tooth 25 was dislodged. The Defendant changed the restoration for tooth 25 to composite resin. The Defendant also completed RCT for teeth 14 and 15. The Defendant wrote in her clinical note “Obturation of 15, 14 with MGP @ 18mm with sealapex. Post endo with Ketac Molar”.
5. Some time later, the Patient discovered that tooth 14 started to have discolouration, which gradually increased in size. In early June 2012, the Patient also started to feel pain with tooth 14.
6. On 16 June 2012, the Patient returned to the Defendant because of pain with tooth 14. A review periapical radiograph was taken. The Defendant diagnosed that there was a crack running from the mesial to distal side of the tooth. The Defendant suggested the Patient to see an endodontist for redoing RCT. The Defendant also mentioned alternative treatments including extraction of tooth 14 and replacement of the missing tooth with resin bonded bridge or implant. The Defendant wrote a referral letter for the Patient, and a list of registered specialists in endodontics was provided to The Patient.
7. On 14 September 2012, the Patient visited a dentist in Shenzhen, and had RCT done again for tooth 14. The dentist in Shenzhen told the Patient that one of the canals of tooth 14 was empty, and discoloration of tooth 14 was due to degradation of remaining pulpal tissue left.
8. Both charges (b) and (c) are only relating to the Defendant’s treatment of tooth 14, and have nothing to do with the other teeth of the Patient that the Defendant had treated.
9. At the hearing, the parties submitted a Statement of Agreed Facts to the Council (“Agreed Facts”). According to the Agreed Facts, the Defendant accepted that she failed to carry out proper and effective RCT on the Patient for her tooth 14, in that she failed to identify and treat the second root canal in tooth 14. The Defendant’s solicitor informed the Council that in respect of charge (b), the Defendant accepted that she had missed out on the second root canal, and the Defendant would not contest unprofessional conduct on her part.
10. The Defendant also clarifies that she would not contest unprofessional conduct under charge (c).

Burden and Standard of Proof

11. The Council bears in mind that the burden of proof is always on the Legal Officer and the Defendant does not have to prove her innocence. This 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.

12. There are two charges against the Defendant. The Council needs to look at all the evidence and to consider and determine each of the charges separately.

Unprofessional Conduct

13. According to section 18(2) of the Dentists Registration Ordinance, Cap. 156 (“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

Charge (b)

14. Charge (b) is in relation to the Defendant’s failure to carry out proper and effective RCT on the Patient for her tooth 14.
15. The Defendant admitted that she had failed to identify and treat the second root in tooth 14. The Defendant also does not contest unprofessional conduct on her part.
16. The Council had the opportunity of looking at the x-ray taken by the dentist in Shenzhen on 14 September 2012. It is obvious from this x-ray that there are two canals in tooth 14. It is obvious that the Defendant had failed to identify the second canal in March 2012 when the Patient consulted her.
17. The Council is satisfied that the Defendant’s conduct was seriously below the standard expected amongst registered dentists. It would be regarded as disgraceful and dishonourable by registered dentists of good repute and competency.
18. The Council therefore finds the Defendant guilty of charge (b).
19. The Council has some observation on the last paragraph (i.e. paragraph 25 thereof) of the Supplemental Medical Report of Professor T.W. CHOW, the Defendant’s expert, dated 15 November 2016. The Council is concerned with the remark made that “...it is a fact that general dental practitioners miss root canals every now and then.”

Charge (c)

20. Charge (c) is in relation to the Defendant’s failure to properly or adequately advise the Patient of her treatment progress after RCT in charge (b) above.
21. The Defendant submitted that charges (b) and (c) are duplicitous. The Council does not consider that there is duplication of charges (b) and (c). Charge (c) is about treatment progress after RCT, and treatment progress after RCT must be ongoing and would cover the consultation on 16 June 2012, and not necessarily restricted to the consultation taken place on 17 March 2012, and particularly so as charge (c) refers to the period between March 2012 and August 2012. Both charges (b) and (c) refer to different time frame, the former charge to

consultation taken place on 8 March 2012 and 17 March 2012 when RCT was performed and completed on 17 March 2012, and the latter charge to the consultation taken place on 16 June 2012. The Council does not consider that the scope of the Secretary's expert, as regards charge (c) as set out in his expert report, is only restricted to the consultation on 17 March 2012, but read in its context, also would cover the consultation on 16 June 2012. The Council had therefore made the ruling that there is no duplication of charges (b) and (c) and the case should proceed on both charges.

22. According to the Patient's complaint letter to the Council dated 19 September 2012, when she went back to see the Defendant on 16 June 2012, the Defendant had never advised her of the possibility of there being a second root canal for tooth 14, which could have been missed out. The Defendant's clinical record for 16 June 2012 has also never mentioned of such a possibility. Even in the referral letter dated 16 June 2012 given to the Patient, the Defendant only mentioned in the referral letter her suggestion to the Patient that if she would wish to save tooth 14, she needed to redo RCT again by an endodontist.
23. The Defendant had taken a review periapical radiograph on 16 June 2012. Despite that, the Defendant had still failed to identify the missed second canal, and the Defendant should have, but she had taken no further attempt to investigate this possibility of taking the radiograph from a different angle. Taking radiographs from different angles for a bi-rooted tooth (i.e. tooth 14) for investigation of the root canal system is a basic dental technique. Even if the Defendant assumed that the Patient's tooth 14 was an anatomical variant of having only one canal, she still ought to advise the Patient the possible existence of having a second root canal. The Council considers that this is a dental advice expected of a registered dentist which must be given to the patient.
24. The Defendant's conduct was seriously below the standard expected amongst registered dentists. It would be regarded as disgraceful and dishonourable by registered dentists of good repute and competency.
25. The Council therefore finds the Defendant guilty of charge (c).

Sentencing

26. The Defendant has a clear record.
27. The Defendant does not contest both charges (b) and (c).
28. The Council accepts that the Defendant is remorseful.
29. The Council accepts these as mitigating factors.
30. The Council bears 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.
31. The Council has taken into account the "totality principle" when sentencing charges (b) and (c).

32. Having regard to the gravity of the case, the Council makes the following orders:-
- (a) In respect of charge (b), a warning letter be given to the Defendant.
 - (b) In respect of charge (c), a warning letter be given to the Defendant.
 - (c) The orders above shall be published in the Gazette.



Dr LEE Kin Man
Chairman
The Dental Council of Hong Kong