

**SINGAPORE DENTAL COUNCIL
DISCIPLINARY COMMITTEE INQUIRY AGAINST DR HO HAI SHAN
ON 21 MAY 2024, 19 AND 23 SEPTEMBER 2024, 15 AND 18 NOVEMBER 2024,
20 JANUARY 2025, 15 MAY 2025, 25 AUGUST 2025, 24 NOVEMBER 2025, AND
1 APRIL 2026**

Disciplinary Committee:

Adj A/Prof Hwang Yee Cheau (Chairperson)
Ms Janelle Joy Foo
Dr Wong Paul Matthew
Adj A/Prof Michael Ong (Observer)

Legal Assessor:

Mr Kenny Chooi
(M/s Adsan Law LLC)

Counsel for the SDC:

Mr Chia Voon Jiet
Mr Jerald Tan
Ms Valerie Wong
(M/s Drew & Napier LLC)

Counsel for the Respondent:

Mr Matthew Saw
Ms Melissa Ng
Mr Samuel Wong
(M/s Lee & Lee LLP)

DECISION OF THE DISCIPLINARY COMMITTEE

(Note: Certain information may be redacted or anonymized to protect the identity of the parties.)

INTRODUCTION

1. The Respondent, Dr Ho Hai Shan, is a fully registered dentist under the Dental Registration Act 1999 ("**DRA**").

2. At all material times, the Respondent was practising as a dentist at King's Dental Surgery (Kovan) Pte Ltd located at 204 Hougang Street 21, #01-99, Singapore 530204 ("**KDS**").
3. These proceedings arose out of a complaint dated 12 May 2020 by the Ministry of Health ("**MOH**") to the Singapore Dental Council ("**SDC**"), arising from an audit conducted by the Community Health Assist Scheme ("**CHAS**") on the claims submitted by KDS.
4. Pursuant to the said complaint, the SDC preferred 2 charges against the Respondent, as set out in the Notice of Inquiry dated 4 September 2023.
5. During the course of proceedings, the SDC amended the Second Charge on 23 February 2024, and re-issued the Amended Notice of Inquiry.

CHARGES

6. The 1st Charge ("**1st Charge**") against the Respondent is as follows:

1st CHARGE

That you, Dr Ho Hai Shan, a registered dentist under the Dental Registration Act 1999, are charged that on 29 April 2016, whilst practising at King's Dental Surgery (Kovan) Pte Ltd located at 204 Hougang Street 21, #01-99, Singapore 530204 ("**KDS**"), you failed to maintain sufficient records of your care and management of your patient P1, in breach of Guideline 4.1.2 of the Singapore Dental Council Ethical Code and Ethical Guidelines 2006:

Particulars

- (a) you did not maintain sufficient documentation of and/or specify which teeth or surface(s) had caries, leaking old fillings, abrasion and/or erosion;
- (b) you did not maintain sufficient documentation of the severity of P1's caries, periodontal disease and/or tooth surface loss;

- (c) you did not maintain sufficient documentation of what investigations you conducted in respect of the affected teeth and the results of these investigations (if any);
- (d) you did not maintain sufficient documentation of your advice to P1 (if any) on the treatment options and the type of restorations that were performed on P1;
- (e) a reasonable and competent dentist in your position would have documented the information stated at paragraphs (a) to (d) above in the patient's treatment notes;

and your aforesaid conduct amounts to such serious negligence that it objectively portrays an abuse of the privileges which accompany registration as a dental practitioner, and that in relation to the facts alleged, you are guilty of professional misconduct under section 50(1)(d) of the Dental Registration Act 1999.

7. The amended 2nd Charge ("**2nd Charge**") against the Respondent is as follows:

AMENDED 2nd CHARGE

That you, Dr Ho Hai Shan, a registered dentist under the Dental Registration Act 1999, are charged that between 19 January 2016 and 7 July 2016, whilst practising at KDS, you made claims for complex fillings under the Community Health Assist Scheme ("**CHAS**") when the fillings you performed were in fact simple fillings, resulting in a higher amount of subsidies being paid out for dental procedures which should not have qualified for the same subsidy amount, amounting to a misuse and/or abuse of CHAS:

PARTICULARS

- (a) fillings involving proximal surfaces are considered complex fillings, while fillings not involving proximal surfaces are considered simple fillings;
- (b) fillings not involving proximal surfaces should not be claimed as complex fillings given that lesser effort is required to prepare non-proximal surfaces of teeth;
- (c) you made a total of 21 CHAS claims for complex fillings for the following patients even though these were simple Class I or V fillings;

- (i) for P2: teeth #13, #12, #11, #21, #22, #23;
 - (ii) for P3: teeth #11, #21, #22, #23, #25, #26, #37;
 - (iii) for P4: teeth #17, #34, #35;
 - (iv) for P1: teeth #34, #35, #38, #44, #47;
- (d) simple Class I and V fillings for abrasion cavities should not be claimed as complex fillings;

and that in relation to the facts alleged, you have been guilty of such improper act or conduct which brings disrepute to your profession under section 50(1)(c) of the Dental Registration Act 1999.

8. During the hearing, the Respondent pleaded guilty to the aforesaid 1st Charge, but pleaded not guilty to the 2nd Charge.

THE AGREED FACTS

9. The Respondent agreed to the contents stated in the Amended Agreed Statement of Facts dated 23 February 2024 ("**ASOF**").
10. The salient agreed facts in the ASOF are set out in the paragraphs below.

Agreed Facts relevant to the 1st Charge

11. On 29 April 2016, Dr Ho attended to P1 at KDS. In Dr Ho's treatment notes for P1 on 29 April 2016 ("**Treatment Notes**"), she had documented, inter alia:

FULL EXAM

I/O:

MANDIBULAR TORI - 2 ON LHS 1 ON RHS - LINGUAL SURFACE

VVV HIGH CARIES RATE.

OH VVV POOR. ACTIVE PERIO DISEASE.

CALCULUS +++

DEEP PITS AND GROOVES/ CAVITIES - PLAQUE RETENTIVE – INITIAL/ PROGRESSIVE CARIES - HIGH RISK FOR CARIES PROGRESSION OR CARIOUS PULPAL EXPOSURE.

TSL FROM ATTRITION/EROSION. RISK OF TOOTH/ RESTORATION FRACTURE/ TRAUMATIC PULPAL EXPOSURE FROM CONTINUAL TSL. ADVISED NIGHT SPLINT AFTER RESTORATIONS. ADVISED AVOID ACIDIC FOOD/DRINK.

TSL FROM SCRUBBING. RISK OF DENTINE EXPOSURE (SENSITIVITY ON BRUSHING) / TRAUMATIC PULPAL EXPOSURE FROM CONTINUAL TSL. ADVISED PT TO BRUSH MORE GENTLY WITHOUT SCRUBBING THE TEETH.

PT'S CONSENT OBTAINED TO RESTORE TEETH WITH ACTIVE CARIES/ LEAKING OLD FILLINGS/ INITIAL CARIES IN DEEP PITS/ FISSURES/ ABRASION CAVITIES / ATTRITION EROSION CAVITIES.

12. In the Treatment Notes, Dr Ho observed that P1 had a "VVV HIGH CARIES RATE" and that "PT'S CONSENT OBTAINED TO RESTORE TEETH WITH ACTIVE CARIES/ LEAKING OLD FILLINGS/ INITIAL CARIES IN DEEP PITS/ FISSURES/ ABRASION CAVITIES/ EROSION CAVITIES", but she did not include sufficient details of and/or identify which teeth and surface(s) were affected by such caries, old fillings, abrasion, or erosion.
13. Additionally, while Dr Ho had documented in the Treatment Notes that P1 had "ACTIVE PERIO DISEASE", "INITIAL/ PROGRESSIVE CARIES", and "TSL FROM ATTRITION/EROSION... TSL FROM SCRUBBING", she also did not include sufficient details on the severity of P1's caries, periodontal disease and/or tooth surface loss (from abrasion or erosion), or identify the affected teeth or surfaces in the Treatment Notes.
14. Further, the Treatment Notes also do not contain sufficient details of what investigations were conducted by Dr Ho in respect of P1's affected teeth and the results of these investigations (if any).

15. Similarly, Dr Ho only documented in the Treatment Notes that “PT’S CONSENT OBTAINED TO RESTORE TEETH WITH ACTIVE CARIES/ LEAKING OLD FILLINGS/ INITIAL CARIES IN DEEP PITS/ FISSURES/ ABRASION CAVITIES/ EROSION CAVITIES” and that she had “ADVISED NIGHT SPLINT AFTER RESTORATIONS.” The Treatment Notes did not include sufficient details of her advice to P1 (if any) on the treatment options and the type of restorations that were performed on him in the Treatment Notes.
16. By reason of Dr Ho’s failure to maintain sufficient records of her care and management of P1, Dr Ho breached Guideline 4.1.2 of the Singapore Dental Council Ethical Code and Ethical Guidelines 2006 (“**ECEG**”). Dr Ho’s conduct amounts to such serious negligence that it objectively portrayed an abuse of the privileges which accompany registration as a dental practitioner, and she is thereby guilty of professional misconduct under section 50(1)(d) of the DRA.

Agreed Facts relevant to the 2nd Charge

17. Between 19 January 2016 and 7 July 2016, whilst practising at KDS, Dr Ho had treated the following patients (collectively, the “**Patients**”): (a) P2; (b) P3; (c) P4; and (d) P1.
18. The SDC was informed by way of a letter dated 12 May 2020 from one Ms M from the MOH’s Healthcare Finance Division (the “**Complaint**”) that the CHAS Dental Audit Team had received allegations from a whistle-blower that KDS had made claims for fillings that were not performed.
19. A police report was filed against KDS sometime in 2017, and KDS was subsequently suspended from CHAS accreditation on 29 May 2016. The police investigated Dr Ho in 2017 following the police report. Dr Ho was subsequently not charged with any criminal offences relating to the CHAS dental claims.
20. Based on the audit of the CHAS dental claims submitted by KDS, Dr Ho had made 21 CHAS claims for complex fillings in connection with her treatment of the Patients (“**CHAS Claim Fillings**”):

- (a) For P2: for fillings done on teeth #13, #12, #11, #21, #22, #23 on 7 July 2016;
 - (b) For P3: for fillings done on: (i) teeth #11, #21, #22, #23 on 29 April 2016; (ii) teeth #25, #26 on 24 May 2016; and (iii) tooth #37 on 11 April 2016;
 - (c) For P4: for fillings done on: (i) tooth #17 on 19 January 2016; and (ii) teeth #34, #35 on 16 March 2016; and
 - (d) For P1: for fillings done on teeth #34, #35, #38, #44, #47 on 1 July 2016.
21. After conducting its audit, the CHAS Dental Audit Team concluded that the CHAS Claim Fillings should be considered as simple fillings and ultimately recommended that the claims submitted by KDS for the CHAS Claim Fillings be rejected.
22. According to Dr Ho's written explanation dated 21 June 2020, she had made CHAS claims for complex fillings for all the 21 CHAS Claim Fillings as she had been taught by Dr K how to classify fillings as complex as follows:
- (a) When the fillings on a patient's tooth extended from the occlusal surface of the tooth to the lingual or palatal cusps of the same tooth, they ought to be classified as occlusal-lingual or occlusal-palatal fillings and thus, be deemed as complex fillings; and
 - (b) When the fillings on a patient's tooth extended from the buccal to mesial and distal sites of the teeth, which is typical for abrasion fillings, they are to be classified as mesial-buccal-distal fillings and thus, be deemed as complex fillings.
23. In or around mid/late July 2016, Dr Ho became aware of MOH Circular No. 19/2015, "Advisory on Claiming Subsidies under the Community Health Assist Scheme (CHAS)" dated 30 April 2015 ("**2015 MOH Circular**"), when she came across it on the SDC website. The 2015 MOH Circular stated that all Class I and

V fillings for abrasion cavities should only be classified as simple and not complex fillings. Dr Ho realised that Dr K's previous instructions were not in accordance with the 2015 MOH Circular.

24. On 25 July 2016, Dr Ho tendered her resignation from KDS.
25. In the MOH Circular No. 65/2016, "New Administrative Guidelines to the Community Health Assist Scheme (CHAS)" dated 28 October 2016 ("**2016 MOH Circular**"), the administrative guidelines for CHAS dental clinics were updated to define simple fillings as Class I, V or VI fillings, and complex fillings as Class II, III or IV fillings (based on G.V. Black's classification of dental caries) with effect from 1 January 2017.

THE INQUIRY HEARING

26. The hearing commenced on 21 May 2024.
27. The SDC called Ms M (from MOH and the person who had signed the complaint), Mr T (from MOHH and who is a member of the CHAS audit team), and Dr H (who is a dental auditor) to give evidence.
28. In addition, the SDC also called an expert, Dr E, to give evidence that the Respondent's treatment notes were insufficient and that she had made CHAS claims for complex fillings when they should have been simple fillings.
29. The Respondent gave evidence in her own defence. She did not tender any expert evidence.
30. After the evidentiary hearing, the parties tendered their written closing submissions and reply submissions respectively. The parties then appeared before us to make oral submissions on liability.

DECISION ON LIABILITY ON THE 1ST CHARGE

31. The Respondent had pleaded guilty to the 1st Charge.
32. She had made the following admissions in relation to the documentation of her Treatment Notes:
 - (1) The Respondent did not include sufficient details of and/or identify which of P1's teeth and surface(s) were affected by caries, old fillings, abrasion or erosion.
 - (2) The Respondent did not include sufficient details on the severity of P1's caries, periodontal disease and/or tooth surface loss (from abrasion or erosion), or identify the affected teeth or surfaces in the treatment notes.
 - (3) The Treatment Notes did not contain details of what investigations were conducted by the Respondent in respect of P1's affected teeth and the results of these investigations (if any).
 - (4) The Treatment Notes did not include sufficient details of her advice to P1 (if any) on the treatment options and the type of restorations that were performed on him.
33. The undisputed evidence shows that the Respondent's failure to maintain sufficient records of her care and management of her patient, P1, had breached Guideline 4.1.2 of the ECEG, and amounted to such serious negligence that it objectively portrays an abuse of the privileges which accompany registration as a dental practitioner.
34. As such, having regard to the Respondent's plea of guilt, her admissions in the ASOF and the evidence before us, we found the Respondent guilty of the 1st Charge and convicted her accordingly of professional misconduct under section 50(1)(d) of the DRA.

35. We now move on to 2nd Charge which was contested by the Respondent.

DECISION ON LIABILITY ON THE 2ND CHARGE

36. The main issues that the Disciplinary Committee (“**DC**”) has to determine in respect of the Second Charge are as follows:

- (1) Whether fillings not involving proximal surfaces are considered simple fillings or complex fillings for the purpose of CHAS claims?
- (2) Whether the Respondent’s conduct amounted to a misuse and abuse of CHAS which erodes the public confidence in the dental profession?

Whether fillings not involving proximal surfaces are considered simple fillings or complex fillings for the purpose of CHAS claims?

The SDC’s Submissions

37. Counsel for the SDC submitted that fillings involving proximal surfaces are considered complex fillings, while fillings not involving proximal surfaces are considered simple fillings.
38. The SDC also submitted that fillings not involving proximal surfaces, such as Class I and V fillings, should not be claimed as complex fillings, given that lesser effort is required to prepare non-proximal surfaces of teeth.
39. SDC took the position that the definition of simple fillings was known and established at the material time. In this regard, the SDC submitted that the 2015 MOH Circular established the definition of simple fillings at the material time, clarifying that Class I and V fillings are simple fillings.
40. SDC also contended that the Respondent’s alleged ignorance of the 2015 MOH Circular did not excuse her conduct.

The Respondent's Submissions

41. Counsel for the Respondent submitted that before 28 October 2016, the CHAS guidelines did not define or classify what was a simple filling or what was a complex filling for the purpose of CHAS claims.
42. It was only later on 28 October 2016 that the October 2016 MOH Circular annexed CHAS guidelines defining simple fillings as Class I, V or VI fillings, and complex fillings as Class II, III or IV fillings (based on G.V. Black's classification of dental caries). The Respondent argued that she should not be judged by the standard and definitions set out in the 2016 MOH Circular because the material fillings were given by her earlier between 19 January 2016 and 7 July 2016.
43. The Respondent also submitted that MOH in its audit used a different definition or classification of simple fillings and complex fillings from those set out in the 2015 MOH Circular and the 2016 MOH Circular.
44. In addition, the Respondent contended that it was reasonable for her not to have been aware of the 2015 MOH Circular when it was issued between April 2015 to 7 July 2016.
45. During the hearing, the Respondent had initially testified that 3 out of the 21 fillings that are subject to the 2nd Charge were 2-surface fillings, and should therefore have passed the MOH audit. However, in her closing submissions, the Respondent decided to withdraw her defence that the said 3 fillings were 2-surface fillings.

Our decision

46. Dr Ho's CHAS claims (which were the subject matter of the 2nd Charge) were made between 19 January 2016 and 7 July 2016.

47. At the material time, the applicable standard and relevant advisory relating to CHAS claims would be the 2015 MOH Circular, which was published on 30 April 2015.
48. In this regard, the 2015 MOH Circular expressly stated that *“Claims were made for complex procedures when the procedures were clearly simple procedures. For example, Class (I) and Class (V) fillings for abrasion cavities were claimed as complex fillings.”*
49. This Circular was signed by the Chief Dental Officer (MOH) / Registrar (SDC), and also stated that *“MOH is seriously concerned by an increase in public feedback regarding clinical and charging practices of some CHAS dental clinics. There is unfortunately a small minority of clinics who misuse and abuse Government subsidies for their own personal gain, and tarnish the high standing of the dental profession. MOH takes a serious view of these cases...I would like to remind the dental community to comply with these guidelines when submitting CHAS claims”*.
50. As such, the 2015 MOH Circular was meant to be a serious reminder to the dental community to comply with the guidelines when submitting CHAS claims.
51. In our view, it is clear from the 2015 MOH Circular that fillings not involving proximal surfaces (ie. essentially Class I and Class V fillings) were considered simple fillings for the purposes of CHAS claims (and were not complex fillings).
52. We therefore disagree with the Respondent’s submission that there were no known and clear classification of what were simple fillings when she made her CHAS claims from January to July 2016. We also disagree with the Respondent that before 28 October 2016 (ie. the date of the 2016 MOH Circular), the CHAS guidelines in the 2015 MOH Circular did not classify or consider Class I and Class V fillings as being simple fillings.

53. Our view that Class I and Class V fillings were considered as *simple* fillings at the material time is supported by Dr E's Independent Expert Report Opinion dated 24 August 2023 ("**Dr E's Expert Report**").
54. During his oral testimony, Dr E stated that although the 2015 MOH Circular was not "*exhaustive*" on what were simple or complex fillings, it had, at the minimum, stated that Class I and Class V fillings were simple fillings.
55. In addition, Dr E's Expert Report stated that "*Simple and complex fillings (amalgam or tooth-coloured) were differentiated by extrapolation based on the primary surface of filling based on the GV Black's classification*", and that "*Fillings not involving the proximals (Class I, Class V...) may be considered simple fillings.*"
56. Dr E also stated in his expert report that GV Black's classification of dental caries ("**GV Black's classification**") was developed over 100 years ago and is part of the dentistry curriculum and would be common knowledge among the dental profession:

"GV Black's classification was developed over 100 years ago and was accepted worldwide as a system to categorize dental caries on the type of tooth (anterior or posterior tooth) and the location of the cavity (proximal, buccal, occlusal etc). It is part of the dentistry curriculum (both local and overseas) and would be common knowledge amongst the dental profession, as GV Black's classification is used as a basic reference point for dentists when performing fillings, and the principles therein are fundamental to dentists' understanding of how fillings should be done."

57. During her cross-examination, the Respondent admitted that she was familiar with the GV Black's classification and that this was taught to her when she was studying dentistry in Ireland. She also agreed that she knew that the GV Black's classification was a classification or reference point for classifying caries and fillings.

58. Although the Respondent argued that the dental auditor (Dr H) had used a classification of simple fillings and complex fillings which was different from that of the 2015 MOH Circular, the dental auditor had testified to the contrary that MOH had assessed and rejected the Respondent's 21 CHAS claims based on the 2015 MOH Circular and the GV Black's classification.
59. The Respondent ought to have known of the 2015 MOH Circular (and the applicable standard therein) at the material time as she was under a duty to keep abreast of knowledge relevant to the practice of dentistry.
60. In this regard, the Ethical Code of the ECEG states that a dentist is expected to *"Keep abreast with knowledge relevant to the practice of dentistry and ensure that clinical and technical skills are maintained."*
61. During the hearing, the Respondent agreed that a reasonably diligent dentist should have gone to the SDC's website during the 6-month period prior to January 2016 to check whether there were any circulars relating to the practice of dentistry. She also agreed that such circulars would include the 2015 MOH Circular. However, the Respondent subsequently changed her position during re-examination.
62. Notwithstanding the Respondent's change of position during re-examination, we agree with the SDC that the Respondent ought to have visited the SDC website at the material time to look out for any relevant updates, announcements and circulars (including the 2015 MOH Circular), as part of her obligation under the Ethical Code of the ECEG to keep abreast with knowledge relevant to the practice of dentistry.
63. In the premises, we find that the Respondent had improperly made CHAS claims for complex fillings, even though the fillings were Class I and Class V fillings and were in fact simple fillings.

Whether the Respondent's conduct amounts to a misuse and abuse of CHAS which erodes the public confidence in the dental profession?

The SDC's Submissions

64. The SDC submitted that as a result of Dr Ho's conduct, a higher amount of CHAS subsidies was paid out for each of the CHAS claims, since Dr Ho had made claims for complex fillings when they were in fact simple fillings.
65. In this regard, the SDC submitted that by wrongly making claims for complex fillings, public funds and resources were wrongly paid out at a higher rate than what such simple filling procedures would otherwise qualify for, and with no benefit to the patients. This amounted to and represented a betrayal of the trust reposed in the Respondent by the public to ensure that CHAS claims were made proportional to the dental work performed.
66. The revelation of the Respondent's conduct would objectively erode public confidence in the dental profession as it may call into doubt whether dentists can be trusted to make CHAS claims in a manner that was accurate, honest and in accordance with prevailing CHAS guidelines.
67. Further, the SDC submitted that the Respondent's conditional registration did not mean that she must unquestioningly abide by her supervisor's instructions, and that she could not abdicate her responsibility for the improper conduct by simply asserting that she was following Dr K's instructions on making CHAS claims.

The Respondent's Submissions

68. The Respondent submitted that reasonable people, on hearing about what she had done, would not have said without hesitation that as a dentist she should not have done it.

69. The Respondent also argued that it was reasonable for her to have relied on Dr K's teachings when she made the 21 CHAS claims that are the subject of the 2nd Charge during the period 19 January 2016 to 7 July 2016.
70. Alternatively, the Respondent submitted that for there to be a "*misuse and/or abuse of CHAS*", the SDC has to prove the mens rea of dishonesty but has not proved that Dr Ho was dishonest.

Our decision

71. In ascertaining whether a doctor's improper act or conduct has caused disrepute to the medical profession, both parties had referred to the decision of ***Low Chai Ling v SMC*** [2013] 1 SLR 83 ("***Low Chai Ling***").
72. In this regard, the Court of Three Judges ("**C3J**") in *Low Chai Ling* has succinctly stated at [72] as follows:

*"...the primary concern underlying the disreputable conduct offence is the protection of the medical profession's integrity and good name. **Would public confidence in the medical profession be damaged by the offending conduct?** What message would such conduct send to the public at large about doctors? This is an objective inquiry, which relates to the question of how a reasonable layperson would perceive the offending doctor's conduct and, hence, the entire medical profession as a result. The High Court in *Wong Kok Chin v Singapore Society of Accountants* [1989] 2 SLR(R) 633 at [17] also relied on this standard (albeit in the context of accountants): **A practical test could have been if reasonable people, on hearing about what [the errant accountant] had done, would have said without hesitation that as an accountant he should not have done it.**"*

[emphasis added]

73. The aforesaid position was reaffirmed by the C3J in *Pang Ah San v Singapore Medical Council* [2021] 5 SLR 681 ("**Pang Ah San**") at [51], and *Ong Kian Peng Julian v Singapore Medical Council* [2023] 3 SLR 1756 ("**Julian Ong**") at [25].

74. In particular, the C3J in *Pang Ah San* stated at [51] as follows:

*"As we pointed out to Mr Too at the hearing, the test applied in Low Chai Ling at [72] was clearly an objective one. The determination of whether or not what was done would undermine the integrity and good name of the profession was an objective inquiry. It was open to the DT to look at the nature of the criticisms and decide if the criticisms would have that effect, based on how a reasonable person would react. **The test was necessarily objective, too, as members of the profession had to be held to an objective standard of conduct.** It followed that the SMC was not required to call evidence to establish the impact of the statements to prove its case. We must point out that this approach is also supported by the language of s 53(1)(c) of the MRA, which refers to "improper act or conduct which, in the opinion of the Disciplinary Tribunal, brings disrepute to his profession" [emphasis added]. **The statute therefore places decisive weight on the DT's opinion as to whether the profession has been brought into disrepute.**"*

[emphasis added]

75. Although the aforesaid cases were in the context of a medical practitioner under section 53(1)(c) of the Medical Registration Act (Cap 174, 2014 Rev Ed) [and its predecessor provisions], they would be equally applicable to the present case under the DRA, because section 53(1)(c) of the MRA is in *pari materia* with 50(1)(c) of the DRA.

76. On the facts of the present case, we have already found that the Respondent had improperly made CHAS claims for complex fillings, even though the fillings were in fact simple fillings. This had resulted in a higher amount of subsidies being paid out and amounts to a misuse and abuse of CHAS.

77. Applying an objective test, *reasonable people*, on hearing about what the Respondent had done, would have said without hesitation that as a dental practitioner, she should not have done it.
78. In addition, the statute places decisive weight on the *DC's opinion* as to whether the profession has been brought into disrepute. In this regard, we are of the opinion that the Respondent's aforesaid act or conduct was improper and has brought disrepute to the profession. The Respondent has failed to exhibit traits and values of dental practitioners as members of an honourable profession.
79. Such improper act or conduct damaged the public confidence in the dental profession, thereby bringing disrepute to the profession.
80. Accordingly, we disagree with the Respondent's argument that she is not guilty of improper act or conduct which brings disrepute to her profession. Her argument is premised on the DC agreeing with her that the 2015 MOH Circular does not show that the Class I and Class V fillings that she had performed were simple fillings for the purposes of CHAS claims. However, given our findings and conclusion to the contrary, the Respondent's argument would necessarily fall.
81. The Respondent would not be able to excuse her improper act or conduct by claiming that she had relied on Dr K's "*teachings*" when she made the CHAS claims. Regardless of what Dr K might have "*taught*" the Respondent, she still bore the personal responsibility to ensure that she had in fact complied with the relevant guidelines when she made the CHAS claims.
82. In this regard, we had stated earlier that the Respondent was obliged to keep abreast with knowledge relevant to the practice of dentistry (which would include the 2015 MOH Circular). The Respondent could not relinquish the responsibility for her improper act or conduct by simply asserting that she was following Dr K's instructions.
83. We also disagree with the Respondent that the SDC has to prove the mens rea of dishonesty for the 2nd Charge to be made out. As stated above, the test under

section 50(1)(c) of the DRA is an *objective* test and does not strictly require the SDC to prove a *subjective* fault element (let alone a dishonest intent) for the charge to be made out.

84. Accordingly, we found the Respondent guilty of the 2nd Charge and convicted her accordingly of such improper act or conduct which brings disrepute to her profession under section 50(1)(c) of the DRA.
85. On 15 May 2025, the DC's decision on guilt was orally delivered to the parties. The DC also gave directions for parties to file their respective sentencing submissions and mitigation plea.
86. The parties' sentencing position and mitigation plea are considered below.

SUBMISSIONS ON SENTENCING

The SDC's Submissions

87. Counsel for the SDC submitted that the DC should impose a sentence of 5 months' suspension, a censure and a written undertaking on the Respondent, and for the Respondent to pay the costs and expenses of and incidental to these proceedings (including the costs of the SDC's solicitors).
88. The SDC applied the sentencing framework in ***Wong Meng Hang v Singapore Medical Council*** [2019] 3 SLR 526 ("***Wong Meng Hang***") in relation to both charges.
89. In respect of the 1st Charge, the SDC submitted as follows:
 - (1) Step 1: The harm caused by the Respondent's conduct falls within the lower end of the "moderate" range. The Respondent's culpability falls within the "low" range.

- (2) Step 2: The indicative sentencing range for “moderate” harm and “low” culpability would be a suspension for a period of 3 months to 1 year.
- (3) Step 3: The appropriate starting point for the indicative sentencing range for the 1st Charge should be a 3-month suspension.
- (4) Step 4: The Respondent made a timely plea of guilt for the 1st Charge which indicates remorse, and a 1-month discount to the suspension period is warranted, bringing the individual sentence to a **2 months’ suspension**.

90. In respect of the 2nd Charge, the SDC submitted as follows:

- (1) Step 1: The harm caused by the Respondent’s conduct falls in the lower end of the “moderate” range. The Respondent’s culpability falls within the higher end of the “low” range.
- (2) Step 2: The indicative sentencing range for “moderate” harm and “low” culpability would be a suspension for a period of 3 months to 1 year.
- (3) Step 3: The appropriate starting point for the indicative sentencing range for the 2nd Charge should be a 6-month suspension. Having considered the number of CHAS claims and the number of occasions in *SDC Disciplinary Committee Inquiry for Dr Eunji Park (“Dr Park”)* and the present case, the Respondent’s case ought to be considered at least as egregious as *Dr Park*.
- (4) Step 4: There is no need to further adjust the indicative individual sentence of a **6-month suspension** for the 2nd Charge because there are no relevant aggravating and mitigating factors.

91. The SDC submitted that there has been a period of delay of 3 years and 3 months between the service of the Notice of Complaint (“**NOC**”) on 2 June 2020 and the service of the Notice of Inquiry (“**NOI**”) on 4 September 2023 which the Respondent did not contribute to. The SDC then applied a one-third discount for

inordinate delay, and submitted that the final notional sentence for each charge is as follows:

(1) 1st Charge: 1-month suspension (rounded down); and

(2) 2nd Charge: 4-months suspension.

92. Finally, applying the one-transaction rule, the SDC submitted that the individual sentences for the 1st Charge and the 2nd Charge should run consecutively as they protect separate legal interests and different limbs of section 50 of the DRA.
93. As such, the overall aggregate sentence would be a **5-months** suspension.

The Respondent's Submissions

94. Counsel for the Respondent submitted that the appropriate post discount sentence is a fine of \$5,000 (for the 1st Charge) and a suspension of 3 months (for the 2nd Charge).
95. In respect of the 1st Charge, the Respondent submitted that the *Wong Meng Hang* sentencing framework was not applicable. She submitted that she should get a lighter pre-discount sentence compared to the 4 months suspension for Dr Somu s/o Rangaswamy's 8 documentation charges in *SDC Disciplinary Committee Inquiry in respect of Dr Somu s/o Rangaswamy* ("**Dr Somu**").
96. In this regard, Dr Somu was given a pre-discount sentence of a notional suspension of 2 months each for the 7th and 11th charges being the most serious charges running consecutively, with the rest to run concurrently, making it a sub-total of 4 months' suspension.
97. The Respondent also submitted that her case was more similar to that of *Dr Park* (who was given a pre-discount fine of \$5,000 for each of the 2 documentation charges). As such, the Respondent submitted that she should be given a pre-discount sentence of a fine of \$8,000 for the 1st Charge.

98. Applying a 10% discount for mitigating factors and a 35% discount for delay in prosecution, the Respondent submitted that the sentence for the 1st Charge should be a ***fine of \$5,000*** (rounded up).
99. In respect of the 2nd Charge, the Respondent submitted that the sentencing framework in *Wong Meng Hang* was applicable:
- (1) Step 1: The harm caused by Dr Ho's improper CHAS claims was at the low end of moderate, and the level of culpability was low.
 - (2) Step 2: The indicative sentencing range when harm was medium and culpability was low is a suspension of up to one year.
 - (3) Step 3: The Respondent's pre-discount sentence should be less than Dr Park's pre-discount sentence of 6 months, and it should be no more than a 4 months' suspension.
100. The Respondent submitted that she has equivalent mitigating factors as *Dr Somu* and should be given a discount of 10% or the equivalent:
- (1) The Respondent has a clean record as this being her first conviction is a mitigating factor.
 - (2) The Respondent being a conditionally registered junior dentist is a mitigating factor (unlike Dr Somu who was a senior dentist).
 - (3) The Respondent's good character references and history of volunteer and charity work are mitigating factors.
 - (4) The Respondent's failure to keep proper dental records was not persistent as only P1's dental records were highlighted from the audit, and is a mitigating factor.
 - (5) The Respondent pleaded guilty early to the 1st Charge is a mitigating factor.

(6) With respect to the 2nd Charge, the Respondent had seen a psychiatrist who said that her wrongdoing was committed “*under pressure at a time when she was highly vulnerable*”.

(7) The Respondent was prepared to make restitution for her improper CHAS claims is a mitigating factor.

101. In addition, for the delay of 3 years and 3 months, which delay was not contributed to by the Respondent, the Respondent submitted that *Dr Somu* should be followed, and that she should be given a sentencing discount of 35% or the equivalent.

102. Applying a 10% discount for mitigating factors followed by a 35% discount for delay in prosecution, the Respondent submitted that the sentence for the 2nd Charge should be a **3-month suspension** (minimum).

103. As such, the Respondent submitted that the appropriate sentence is a suspension of **3 months** and a fine of **\$5,000**.

DECISION ON THE APPROPRIATE SENTENCE

Applicability of the *Wong Meng Hang* sentencing framework to the 1st Charge

104. As a preliminary point, the parties have adopted a different approach as to whether the *Wong Meng Hang* sentencing framework is applicable to the 1st charge, in determining the appropriate sentence to be imposed.

105. We find guidance in the recent decision of the C3J in *Singapore Medical Council v Ling Chia Tien* [2024] 6 SLR 217 (“**Ling Chia Tien**”), where the C3J stated at [113] that “*the Wong Meng Hang sentencing framework should rightly apply to the Documentation Charges too. The SMC Sentencing Guidelines have also envisioned the applicability of the Wong Meng Hang framework to offences*

involving documents: see SMC Sentencing Guidelines at paras 15, 44 and 51(j)(ii)."

106. In the earlier decision of *SMC v Mohd Syamsul Alam bin Ismail* [2019] 4 SLR 1375 ("**Mohd Syamsul**"), the C3J did not apply the *Wong Meng Hang* sentencing framework to documentation charges.
107. Subsequently, although the C3J in *Ling Chia Tien* proceeded on the documentation issue with reference to *Mohd Syamsul*, this was because neither party had contended before the C3J that the *Wong Meng Hang* framework should apply.
108. In the light of the dicta in *Ling Chia Tien* that the *Wong Meng Hang* sentencing framework should rightly apply to the documentation charges, we will proceed on this issue with reference to the *Wong Meng Hang* framework.

Appropriate sentence for the 1st Charge

109. We are of the view that the harm caused by the Respondent in respect of the 1st Charge was ***slight***.
110. There was only 1 occasion of breach on 29 April 2016 in respect of a single patient. No actual harm was caused to the patient.
111. As such, this appeared to be one-off breach which was not perpetrated over a sustained period of time.
112. In relation to culpability, we agree with the SDC's submission that the Respondent's level of culpability was ***low***. Although the Respondent was seriously negligent in failing to document her treatment records with sufficient detail (in particular for failing to state which of the patient's teeth were affected by caries and cavities), this was not a case where the documentation was completely or substantially absent.

113. According to the sentencing matrix set out in *Wong Meng Hang*, the applicable indicative sentencing range for cases involving slight harm and low culpability would be a *fine* or other punishment not amounting to a suspension.
114. A similar precedent would be the 2 documentation charges which Dr Park had faced. These charges were similar in nature to the 1st Charge faced by the Respondent. In this regard, Dr Park was not suspended but was given a pre-discount fine of \$5,000 for each of her 2 documentation charges.
115. Based on the principle of consistency in sentencing, it would not be consistent (or warranted in the present case) for a *suspension* sanction to be imposed on the Respondent in respect of her 1 documentation charge, when her conduct was not substantially more egregious than that of Dr Park's.
116. We are therefore of the view that a fine in respect of the 1st Charge would suffice (but a *higher* fine than what Dr Park had received).
117. As for the precedent cases of *Mohd Syamsul*, *SMC v Dr Tan Kok Jin* ("**Tan Kok Jin**") and *SMC v Dr Eugene Ung* ("**Eugene Ung**") relied on by the SDC to argue for a 3-month suspension period, we are of the view that the facts of these cases could be distinguished:
- (1) In *Mohd Syamsul*, the C3J had found Dr Syamsul's consultation note to be "*extremely brief*" and "*bereft of important details*".
 - (2) Similarly, in *Tan Kok Jin*, the respondent's medical records only contained bare information, fell way short of the requirements, and were devoid of essential details.
 - (3) Likewise, in *Eugene Ung*, the respondent's medical records for 100 occasions did not contain the indications and justifications for prescription for every time the drugs were prescribed, and there was no documentation of the refusal by the patient to be referred to a psychiatrist. In addition, the respondent's medical records for another 46 consultations did not contain

the indications and justifications for prescription for every time that the drugs were prescribed, and there was no documentation of whether there was on-going management of the patient with the IMH.

- (4) In contrast, we are of the view that the Respondent's treatment notes had some details and were not "*extremely brief*". They contained more than "*bare information*".
- (5) The documentation charges in *Tan Kok Jin* and *Eugene Ung* were closely related to the inappropriate prescription of benzodiazepines. In appropriate circumstances, a breach of such documentation charges may be more serious than a breach of a failure to keep medical records *per se* or *simpliciter*, in view of the potentially harmful and addictive nature of the drugs.
- (6) In contrast, the Respondent's breach did not involve any potentially harmful and addictive drugs.

118. Having said that, the Respondent's treatment notes were *less* comprehensive than those of Dr Park's, as the Respondent did not, in her treatment notes, identify the affected teeth which had caries or cavities (unlike Dr Park who had set out the relevant teeth in the treatment notes).

119. Similar to Dr Park, the Respondent had also pleaded guilty to the documentation charges early.

120. In this regard, parties have both submitted that the Respondent's timely plea of guilt to the 1st Charge would be a mitigating factor. We agree.

121. As such, we are of the view that a pre-discount fine of **\$15,000** would be appropriate in the circumstances as a starting point for the 1st Charge. This \$15,000 fine is *higher* than the pre-discount fine of \$5,000 that Dr Park had received in respect of each of her 2 documentation charges.

122. We have given little weight to the other personal mitigating circumstances raised by the Respondent. As stated in *Wong Meng Hang*, given the primacy of public interest considerations in the sentencing inquiry in disciplinary cases, other considerations that might ordinarily be relevant to sentencing (such as the offender's personal mitigating circumstances) do not carry as much weight as they may in criminal cases.

Appropriate sentence for the 2nd Charge

123. In relation to the Respondent's level of harm, we accept the submission of both parties that the harm caused by the Respondent's conduct was at the **lower end** of "**moderate**".
124. We agree with the SDC that the Respondent's conduct has caused harm to the public confidence in the dental profession. As stated in *Dr Somu*, the "*making of improper CHAS claims involves potential and/or actual harm to public confidence in the dental profession because it involves an abuse of the CHAS scheme and the betrayal of trust reposed in him by the public to ensure that CHAS claims made were proportionate to the dental work performed.*"
125. In *Dr Somu*, the DC found that the respondent's level of harm was moderate, and that there were 85 improper CHAS claims. However, in the present case, the Respondent's conduct was less egregious than that of Dr Somu's as she had made 21 improper CHAS claims.
126. With regard to the Respondent's level of culpability, we accept the SDC's submission that her culpability was at the **higher end** of "**low**".
127. Although there is no evidence that the Respondent's conduct was intentional and deliberate, she was at least seriously negligent in making CHAS claims for complex fillings when they were in fact simple fillings. In this regard, the Respondent had made 21 improper CHAS claims on 7 occasions, for a period of about 6.5 months.

128. These improper CHAS claims were made despite the existence and availability of the 2015 MOH Circular. It was not a valid excuse for the Respondent to claim that she was not actually aware of the 2015 MOH Circular. Instead, she was under a duty to keep abreast with knowledge relevant to the practice of dentistry, including the 2015 MOH Circular and those relating to CHAS claims.
129. According to the sentencing matrix set out in *Wong Meng Hang*, the applicable indicative sentencing range for cases involving moderate harm and low culpability would be a suspension of 3 months to 1 year.
130. We have earlier found that the harm caused by the Respondent was *moderate (lower end)* and that her culpability was *low (higher end)*. Based on such levels of harm and culpability, the SDC had submitted that the pre-discount sentence for the 2nd Charge should be a suspension of 6 months.
131. A relevant precedent to consider would be the CHAS charge that Dr Park had faced, as her CHAS charge was similar to the 2nd Charge faced by the Respondent. Dr Park was suspended for a period of 6 months (prior to the discount for delay) for her CHAS charge.
132. We are of the view that the Respondent's misconduct in relation to the 2nd Charge was comparable to that of Dr Park's CHAS charge. In particular, Dr Park had made 35 CHAS claims on 6 occasions for 2 patients over 3 months. In comparison, the Respondent had made 21 CHAS claims on 7 occasions for 4 patients over 6.5 months.
133. Although Dr Park had made more improper CHAS claims over a shorter period in respect of fewer patients, the Respondent had made fewer improper CHAS claims on more occasions over a longer period in respect of more patients.
134. However, the Respondent does not have the benefit of the mitigating factor of an early plea of guilt that was available to Dr Park in respect of her CHAS claims. This is because unlike Dr Park who had pleaded guilty to her CHAS claims, the Respondent had contested the 2nd Charge.

135. Therefore, the appropriate starting point for the 2nd Charge should be at least the **6 months'** suspension that Dr Park had received (prior to the delay discount).
136. We have given little weight to the personal mitigating circumstances raised by the Respondent in respect of the 2nd Charge, for the same reasons set out above in relation to the 1st Charge.

Sentencing discount for inordinate delay

137. The SDC and the Respondent have submitted that there had been an inordinate delay in the prosecution of the proceedings.
138. In this regard, the SDC submitted that there had been a period of delay of 3 years and 3 months between the service of the NOC and the service of the NOI which the Respondent did not contribute to, and submitted that a delay of not more than one-third for the delay should be applied. The Respondent submitted that she should be given a sentencing discount of 35%.
139. As a preliminary point, this DC notes that the C3J have stressed in the decision of ***Singapore Medical Council v Wee Teong Boo*** [2023] 4 SLR 1328 that “*a discount in sentence for any delay in prosecution is not automatic or routine. In every case in which there has been a delay, all the circumstances have to be scrutinised to determine whether the application of a discount is appropriate and will not trivialise or undermine the sanction being meted out.*”
140. As such, even if there had been a delay in prosecution of 3 years and 3 months in the present case, a discount in sentence is not automatic or routine.
141. In these proceedings, both parties referred to *Dr Somu* and *Dr Park*, where a sentencing discount of 35% and one-third respectively was given due to the delay in prosecution of 3 years and 3 months. In those cases, the SDC had similarly submitted that there should be a sentencing discount of not more than one-third due to delay.

142. As the SDC has similarly conceded in the present case that there should be a sentencing discount of not more than one-third due to delay, we will exercise our discretion to apply a sentencing discount of one-third (similar to that given in *Dr Park*).

143. In the premises, the final sanctions for the Respondent will be as follows:

Charge	Starting point	Adjustment after one-third discount
1 st	\$15,000 fine	\$10,000 fine
2 nd	6-months' suspension	4-months' suspension

CONCLUSION

144. Having carefully considered the submissions and documents before us, and having also taken into account all the circumstances of the case, the DC orders as follows:

- (1) The Respondent be fined \$10,000 for the 1st Charge.
- (2) The Respondent's registration in the Register of Dentists be suspended for a period of 4 months for the 2nd Charge. The period of suspension will only take effect 30 days from the date of this order, to account for the statutory appeal period.
- (3) The Respondent be censured.
- (4) The Respondent is to give a written undertaking to the SDC that she will not engage in the conduct complained of or any similar conduct in the future.
- (5) The Respondent is to pay the costs and expenses of and incidental to these proceedings, including the costs of counsel to the SDC and the Legal Assessor to the DC, and such reasonable expenses as are necessary for the conduct of these proceedings.

145. We further order that the grounds of our decision be published.

146. The hearing is hereby concluded.

Dated this 1st day of April 2026

**Adj A/Prof Hwang
Yee Cheau**
Chairperson
Disciplinary
Committee

Ms Janelle Joy Foo
Member
Disciplinary
Committee

**Dr Wong Paul
Matthew**
Member
Disciplinary
Committee

**Adj A/Prof Michael
Ong**
Observer
Disciplinary
Committee