

**SINGAPORE DENTAL COUNCIL
DISCIPLINARY COMMITTEE INQUIRY FOR DR EUNJI PARK
ON 26 JUNE 2024**

Disciplinary Committee:

Dr Go Wee Ser (Chairman)
Mr Ong Ming Da
Dr Ong Hoe Boon
Ms Yeap Lay Huay (Observer)

Legal Assessor:

Ms See Tow Soo Ling

Counsel for the SDC:

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

Counsel for the Respondent:

Mr Jansen Aw
Dr Alex Cheng
(M/s Donaldson & Burkinshaw 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 in this Inquiry is **Dr Eunji Park** (“**the Respondent**”). The Respondent was a conditionally registered dentist practicing at King’s Dental Surgery (Kovan) Pte Ltd (“**KDS**”) under the supervision of Dr A for the period of 26 August 2016 to 4 May 2019. The Respondent became a fully registered dentist on 16 October 2020.
2. A complaint was made against the Respondent and other persons in KDS on 12 May 2020 by the Ministry of Health pursuant to an audit done by CHAS Dental Audit Team on KDS. The Respondent provided her written explanation on 23 June 2020 to the Complaints Committee of the Singapore Dental Council (“**SDC**”).

3. The Notice of Inquiry (“**NOI**”) was served on the Respondent on 4 September 2023.
4. During the course of the Disciplinary Committee (“**DC**”) proceedings, the Amended NOI dated 26 April 2024 was served on the Respondent, reflecting the amended Charges. SDC proceeded with the first 3 Charges with the 4th Charge to be taken into consideration for sentencing.

CHARGES

5. The first charge is as follows:

1ST CHARGE

That you, Dr Eunji Park, a registered dentist under the Dental Registration Act 1999, are charged that between 30 September 2016 and 4 November 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 (“**ECEG**”):

Particulars

- (a) you did not maintain sufficient documentation of and/or specify the severity of the tooth surface loss from the exposed dentine in respect of the affected teeth;
- (b) 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);
- (c) 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;
- (d) a reasonable and competent dentist in your position would have documented the information stated at paragraphs (a) to (c) 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.

6. The second charge is as follows:

2ND CHARGE

That you, Dr Eunji Park, a registered dentist under the Dental Registration Act 1999, are charged that on 9 December 2016, whilst practising at KDS, you failed to maintain sufficient records of your care and management of your patient ("P2"), in breach of Guideline 4.1.2 of the ECEG:

Particulars

(a) you did not maintain sufficient documentation of and/or specify the severity of the tooth surface loss from the exposed dentine in respect of the affected teeth;

(b) 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);

(c) you did not maintain sufficient documentation of your advice to P2 (if any) on the treatment options and the type of restorations that were performed on P2;

(d) a reasonable and competent dentist in your position would have documented the information stated at paragraphs (a) to (c) 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 third charge is as follows:

3RD CHARGE

That you, Dr Eunji Park, a registered dentist under the Dental Registration Act 1999, are charged that between 30 September 2016 and 9 December 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 35 CHAS claims for complex fillings for the following patients even though these were simple Class I or V fillings;
 - (i) for P1: teeth #16, #15, #14, #13, #21, #22, #23, #24, #25, #26, #31, #32, #33, #34, #35, #36, #37, #41, #42, #43, #44, #45, #46 and #47;
 - (ii) for P2: #13, #12, #31, #41, #42 and #43;
- (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. The fourth charge is as follows:

4TH CHARGE

That you, Dr Eunji Park, a registered dentist under the Dental Registration Act 1999, are charged that on 6 days between 30 September 2016 and 9 December 2016, whilst practising at KDS, you failed to work under supervision whilst still under conditional registration, in breach of your conditions of registration:

Particulars

(a) you were registered as a dentist with conditional registration with the Singapore Dental Council (“**SDC**”) at the material time;

(b) Dr A was approved by the SDC as the fully registered dentist to supervise you from 26 August 2016 to 4 May 2019;

(c) on 6 days between 30 September 2016 and 9 December 2016, you worked independently while working at KDS by performing dental treatment and making claims under CHAS for fillings for P1 and P2 without Dr A’s supervision and on 9 December 2016, had performed dental treatment for P2 without Dr A’s supervision;

(d) as such, you acted in breach of your conditions of conditional registration under Regulation 16 of the Dental Registration Regulations read with SDC Circulars 11:4 Vol 4 dated 30 July 2014, 8:4 Vol 5 dated 29 January 2015, 8:4 Vol 5 dated 14 August 2015, and 8:4 Vol 5 dated 7 December 2015;

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.

9. The Respondent pleaded guilty to the first three Charges. The primary facts relating to the charges are collated in the Agreed Statement of Facts (“**ASOF**”) duly agreed by Counsel for SDC and the Respondent.

Agreed Statement of Facts

10. The Respondent was required to comply with Guideline 4.1.2 of the SDC Ethical Code and Guidelines 2006 (“**ECEG**”) which states the following:

“...All records shall be of sufficient detail so that any other dentist reading them would be able to take over the management of a case. All clinical details, investigation results, discussion of treatment options, informed consents and treatment by drug or procedures should be documented.”

1st Charge

11. On 5 occasions between 30 September 2016 and 4 November 2016, the Respondent attended to P1. The Respondent’s treatment notes on each of these were not of sufficient detail to allow another dentist reading them to take over management of the case.
12. Even though the Respondent documented in some of her treatment notes for P1 that there was “*exposed dentine*”, she did not provide any further documentation to the CHAS audit team or specify the severity of such tooth surface loss in any of her treatment notes for P1. Additionally, while the Respondent’s treatment notes for P1 on 11 October 2016, 28 October 2016, and 4 November 2016 had stated “*further examination revealed*” caries or lesions detected on some teeth, the Respondent did not document what these investigations were or any other investigations that would have been relevant for an adequate diagnosis.
13. Further, on all five occasions when the Respondent attended to P1, the Respondent did not document her advice about treatment options available and the type of restorations that were to be performed on P1. Instead, the Respondent had only documented “*restorations were indicated in order to reduce sensitivity*” and that she “*advised him to use soft toothbrush + OHI (proper toothbrushing technique) given*”.

2nd Charge

14. On 9 December 2016, the Respondent attended to P2.
15. Even though the Respondent documented in her treatment notes for P2 that there was “*exposed dentine*” and there was “*[e]rosion detected*”, she did not provide any further documentation or specify the severity of such tooth surface loss in any of her treatment

notes for P2. Additionally, the Respondent's treatment notes for P2 do not contain sufficient details of what investigations were conducted by the Respondent which would have been relevant for an adequate diagnosis.

16. Further, while the Respondent noted that *"restorations were indicated in order to prevent sensitivity"*, the Respondent similarly did not document the advice provided to P2 about the treatment options available and the type of restorations that were to be performed on P2. Instead, the Respondent had only documented *"restorations were indicated in order to prevent sensitivity"* and that she *"advised him to use soft toothbrush + OHI (proper toothbrushing technique) given"*.
17. By reason of the Respondent's failure to maintain sufficient records of her care and management of P1 and P2, the Respondent breached Guideline 4.1.2 of the ECEG. The Respondent'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 Dental Registration Act 1999 ("**DRA**").

3rd Charge

18. Based on G.V. Black's classification of dental caries, which is common knowledge amongst the dental profession, dental caries can be classified into six classes (Class I – Class VI) based on the location of caries.
19. At the material time, the MOH had made clear in the MOH Circular No. 19/2015, "Advisory on Claiming Subsidies under the Community Health Assist Scheme (CHAS)" dated 30 April 2015 (the "**2015 MOH Circular**"), claims made for complex procedures when the procedures were clearly simple procedures constituted an example of non-compliant CHAS claims. In particular, the 2015 MOH Circular highlighted Class I and Class V fillings (i.e. based on G.V. Black's classification of dental caries) for abrasion cavities should not be claimed as complex fillings.
20. Subsequently, in the MOH Circular No. 65/2016, "New Administrative Guidelines to the Community Health Assist Scheme (CHAS)" dated 28 October 2016, 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).

21. On 12 May 2020, SDC was informed by way of a letter from one Ms C, a Senior Manager in 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. According to the Complaint, the audit of the CHAS dental claims submitted by KDS revealed that there was deliberate inaccurate documentation of fillings, including the upcoding of fillings and documentation of fillings being done that were not reflected in the treatment notes.
22. A police report was filed against KDS sometime in 2017, and KDS was subsequently suspended from CHAS accreditation on 29 May 2019. Following its investigation into the Respondent's CHAS claims, the Commercial Affairs Department ("**CAD**") of the police had informed that it will not be taking any further action in the matter.
23. Based on the audit of the CHAS dental claims submitted by KDS, the Respondent had made 35 CHAS claims for complex fillings in connection with her treatment of P1 and P2 (the "**CHAS Claims**") between 30 September 2016 and 9 December 2016.
24. However, the CHAS Claims performed by the Respondent did not involve preparation of the proximal surfaces, and were all Class I or V fillings (based on G.V. Black's classification of dental caries). Thus, these Class I or V fillings should not have been claimed as complex fillings, as made clear in the 2015 MOH Circular.
25. After conducting its audit, the CHAS Dental Audit Team concluded that the fillings for the teeth specified in the CHAS Claims, save for tooth #26 and tooth #36 for P1 on 4 November 2016, should be considered as simple fillings and ultimately recommended that these CHAS Claims be rejected. Additionally, in respect of P2, the CHAS Dental Audit Team had accepted 4 of the CHAS Claims for teeth #12, #41, #42 and #43; and rejected 2 of the CHAS Claims for the teeth recorded as #14 and #32.
26. According to the Respondent's written explanation dated 23 June 2020 ("**Written Explanation**"), she had made the CHAS Claims for complex fillings because she relied on what Dr A had taught her. This includes that:
 - (a) Fillings could be regarded as complex if the filling on a patient's tooth extends even slightly from the buccal into the mesial or distal surfaces of the same tooth;

- (b) Fillings could be regarded as complex if the occlusal caries or stained grooves on a patient's tooth extended very slightly to the buccal or palatal cusp tips or edges of the same tooth;
 - (c) Fillings could be regarded as complex if the buildup is at the incisal edge areas and extends slightly to buccal or lingual surfaces; and
 - (d) Fillings could be regarded as complex if the buildup is at the incisal edge areas and extend slightly to buccal or palatal surfaces.
27. As a result of the Respondent making the CHAS Claims for complex fillings when the fillings performed were in fact simple fillings, higher amounts of subsidies were paid out for these dental procedures which would not have qualified for the higher subsidy amount. Accordingly, the Respondent's conduct in making these CHAS Claims amounts to a misuse and/or abuse of CHAS. She is therefore guilty of such improper act or conduct which brings disrepute to the dental profession under section 50(1)(c) of the DRA.

4th Charge

28. SDC Circular 11:4 Vol 4 dated 30 July 2014 emphasises that supervisors are to ensure that their *"supervisee(s) are being supervised at work at all times"*. Additionally, SDC Circulars 8:4 Vol 5 dated 29 January 2015 and 14 August 2015 both require supervisees *"to work under supervision of a fully registered dentist in a particular employment approved by the [SDC]"*. Further, SDC Circular 8:4 Vol 5 dated 7 December 2015 emphasises that conditionally registered dentists must *"be supervised by an approved Division 1 dentist at all times"*.
29. However, between 30 September 2016 and 9 December 2016, the Respondent worked independently and without Dr A's supervision by making the CHAS Claims for P1 and P2 on 6 days and by performing dental treatment on P2 on 9 December 2016.
30. The Respondent was taught by Dr A about how to make the CHAS Claims. However, the Respondent did not specifically discuss or consult Dr A before making the CHAS Claims for the fillings performed on P1 and P2 or performing dental treatment on P2 with Dr A. According to the Respondent, she did not think that there was a need to consult with Dr A in relation to the CHAS claims because she was relying on what Dr A had taught her in relation to the classification of fillings. Additionally, the Respondent

did not consider the need to seek a second opinion from Dr A about the diagnosis and treatment plan for P2 were “straightforward” and “within her competence”.

31. The Respondent’s failure to work under supervision whilst still under conditional registration was a breach of the conditions of her registration under Regulation 16 of the Dental Registration Regulations read with SDC Circulars 11:4 Vol 4 dated 30 July 2014, 8:4 Vol 5 dated 29 January 2015, 8:4 Vol 5 dated 14 August 2015, and 8:4 Vol 5 dated 7 December 2015. The Respondent’s conduct in this regard 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.

PROSECUTION’S SUBMISSIONS ON SENTENCING

1st & 2nd Charges

32. SDC Counsel referred to the 1st and 2nd Charges as “Document Charges”. SDC Counsel noted that the sentencing framework in *Wong Meng Hang v Singapore Medical Council [2019] 3 SLR 526* (“**WMH Framework**”) was not applied to precedent Singapore Medical Council (“**SMC**”) and SDC cases involving insufficient documentation.
33. SDC Counsel referred to the decisions of *SMC v Mohd Syamsul Alam bin Ismail [2019] 4 SLR 1375*, *SDC Disciplinary Committee Inquiry of Dr Wang Kit Man 3 September 2019, 17 September 2019, 10 October 2019 & 19 November 2019* (“**Dr Wang Kit Man**”), *SMC v Dr Tan Kok Jin [2019] SMCDT 3* and *SMC v Dr Eugene Ung [2021] SMCDT 4* as precedents involving failure to keep proper clinical records for sentencing. SDC Counsel submitted that the appropriate sentence is determined with reference to the severity of the practitioner’s deviation from the standards expected of the practitioner.
34. SDC Counsel recognised that the Respondent had been co-operative with the relevant investigations and had maintained some form of documentations for her patients even if they were inadequate. However, the Respondent worked in a group practice and the documentation would serve to inform another dentist who took over care of patients but which records were lacking. SDC Counsel seeks a sentence of 2 months suspension for each of the 1st and 2nd Charges.

3rd Charge

35. SDC Counsel relied on the WMH Framework on the basis that the framework had been applied to a non-clinical case of *Ong Kian Peng Julian v SMC [2023] 3 SLR 1756* (“**Julian Ong**”), a case involving a charge for disreputable conduct under the Medical Registration Act (“**MRA**”).
36. SDC Counsel submitted that the harm caused by Respondent’s misconduct of making 35 improper CHAS claims fell within the lower end of “moderate range” because
 - (a) the improper CHAS Claims involved considerable potential and/or actual harm to public confidence in the dental profession; and
 - (b) there is potential economic harm as they resulted in higher amounts of subsidies being paid out when they should not have been.
37. SDC Counsel submitted that the Respondent’s culpability fell within the lower end of “medium” range because the Respondent was seriously negligent in claiming the fillings done as complex when they were in fact simple Class 1 or V fillings that did not involve preparation of proximal surfaces. SDC Counsel submitted that the Respondent’s reliance on following what Dr A had taught her in relation to classifying the complexity of fillings for CHAS Claims did not absolve the Respondent who is expected to be familiar with the 2015 MOH Circular and MOH guidelines governing the submission of CHAS claims.
38. According to the WMH Framework as modified in *Julian Ong*, SDC Counsel proposed the indicative sentencing range for moderate harm and medium culpability to be a suspension period of 1 to 2 years and the appropriate starting point would be a suspension of 13 months for the 3rd Charge. This was due to the fact that even though the Respondent was not dishonest, public confidence in the dental profession was still harmed.
39. With regard to the last step of considering offender-specific aggravating and mitigating factors, SDC Counsel submitted that the aggravating factor in the form of the 4th Charge being taken into consideration is balanced by the mitigating factors which consisted of the Respondent’s timely plea of guilt indicating remorse and her cooperation with the investigations. In the circumstances, it is SDC’s case that there

should be no further adjustment needed for the proposed sentence of suspension of 13 months.

40. SDC Counsel further submitted that the appropriate sentence for all 3 Charges be calibrated by applying the one-transaction rule and totality principle. SDC Counsel proposed that the 1st and 3rd Charges run consecutively while the 2nd Charge should run concurrently. The total number of months of suspension would become 15 months for the 3 Charges.
41. Finally, SDC Counsel conceded that there was a period of delay between the Notice of Complaint and the NOI of around 3 years and 3 months, which was through no fault of the Respondent. However, SDC Counsel noted that the complexity of the CHAS claims necessitated the time taken for the NOI to be served on the Respondent. SDC Counsel submitted that a sentencing discount of not more than one-third for the delay, resulting in an aggregate of suspension term of 10 months.

The Respondent's Sentencing Submissions

1st and 2nd Charges

42. The Respondent was taught by Dr A on how treatment notes were to be recorded. Dr A had provided sample templates for reference to the Respondent.
43. The Respondent therefore did not have the correct understanding that she should have included the details mentioned in the 1st and 2nd Charges in her treatment notes. However, the Respondent did record extensive notes for both P1 and P2 including information about the patient history, examination and investigations of the patients' teeth, advice to the patient and obtaining consent, treatment rendered and advice on post-treatment, and further follow-up. The Respondent had used her own intra-oral camera to take photographs of the condition of the patients' teeth before and after treatment and these photographs were intended to act as a form of record-keeping and a learning aid to reflect on the consultation and treatment for her cases. The Respondent nonetheless accepted that her records had fallen short of the standard expected under the ECEG.

44. The Respondent had taken over the care of the 2 patients from Dr B who had left the group and that the Respondent had thought that her treatment notes would be sufficient for her to carry on with the care of the patients.
45. The Respondent contrasted the case of *Dr Wang Kit Man* where the DC had imposed a fine of S\$10,000 for record keeping which fell “*very far below the standards*” and submitted that the Respondent’s expert Dr Goh had considered the Respondent’s notes to be adequate and within the applicable clinical standards. The Respondent therefore submitted that she did not deviate significantly from the standards required for record keeping under Clause 4.1.2 of the ECEG.
46. The Respondent submitted that in the case of *SDC v Dr Sng Wee Hock 29 March 2019*, the DC had imposed a fine of S\$8,000 as there was some treatment records.
47. The Respondent also submitted that there was no significant harm caused to P1 and P2 from the Respondent’s record-keeping and therefore unlikely that the Respondent’s records undermined the public confidence in the profession, the public health and safety or public healthcare system.
48. The Respondent submitted that a discount from S\$10,000 be imposed as a fine for the 1st Charge on the basis that there were 5 occasions on which the record-keeping was lacking and a fine of between S\$2,500 to S\$3,000 for the 2nd Charge on the basis that there was only 1 occasion of the record-keeping being lacking.

3rd Charge

49. The Respondent relied on Dr A’s teaching and sample templates on how to classify fillings as complex, and how to make claims for CHAS for complex fillings.
50. The Respondent had an incorrect understanding that she could charge the 35 fillings as complex fillings as a result of relying on Dr A’s templates. The Respondent had thought that what Dr A had taught regarding the categorization of the fillings was sensible and reasonable because carrying out dental work on multiple surfaces required more work and time. She therefore accepted Dr A’s instructions to claim such dental work as complex fillings.

51. There was uncertainty in terms of what could be charged as complex filling or simple filling in 2016. The CHAS Dental Audit Team had decided to give the Respondent the benefit of doubt due to “*vague guidelines pertaining to fillings for abrasion cavities.*” The CHAS Audit Team had accepted that 6 out of 35 total CHAS claims qualified as complex fillings.
52. The Respondent submitted that the precedent cases relating to professional misconduct involving CHAS and Medisave claims were cases where the dentists were convicted of offences involving fraud or dishonesty such as *SDC v Dr Teo Eu Gene 12 April 2021* and *SDC v Dr Ang Kiam Hau Steven 25 July 2019 and 6 August 2019*. These cases involved claims which were made when no treatment was carried out at all. The Respondent sought to distinguish these two cases on the basis that she had not made fictitious CHAS claims but had in fact performed the treatments; she had only committed the error of making claims for complex fillings when they were in fact not. The Respondent reiterated that CAD had not taken any further action against the Respondent.
53. The Respondent submitted that the WMH Framework should not be applied. The Respondent relied on the case of *Ho Tze Woon* where the Court of Three Judges had, while acknowledging the possibility that the framework may cover non-clinical care offences, cautioned that the nuances of each case had to be considered when deciding on the application of the framework.
54. The Respondent submitted that if the DC decides to apply the WMH Framework, the harm caused should be assessed as low to moderate while culpability should be assessed as low.
55. The Respondent submitted that a sentence that she be suspended for a period of at most 3 months to be imposed in either instance of whether the WMH Framework is applied.
56. The Respondent argued against enhancing the sentence by reason of the 4th Charge being taken into consideration because the 4th Charge relates to a breach of supervisory conditions under the Respondent’s conditional registration and not an aggravating factor for the 3 preceding charges. The Respondent emphasized that it was not due to the lack of supervision that led to the Respondent having made

incorrect CHAS claims but it was because the Respondent had followed Dr A's instructions that the claims were made erroneously.

57. In the alternative, the Respondent submitted that should the DC consider a need to enhance the sentencing, it be limited to an additional 1-month suspension to the 3rd Charge.
58. The Respondent submitted that while the Respondent had not performed the treatment of P2 under the direct supervision of Dr A, there was another senior dentist in the clinic present.

The Respondent's Mitigation Plea

59. In mitigation, the Respondent accepts responsibility for her mistakes and is remorseful. The Respondent started her employment as a conditional registered dentist on 6 September 2016 with KDS. The Respondent noted that the offences in the 1st Charge were committed after she had only worked for KDS for less than a month and for 3 months with regard to the 2nd Charge.
60. The Respondent asks for leniency for sentencing as she was genuinely mistaken as to the categorization of the fillings when making the claims under CHAS and because she had no dishonest intention to abuse the CHAS system. The Respondent noted that the CAD had also informed the Respondent that it would not be taking any further action against the Respondent.
61. The Respondent has pleaded guilty at the earliest available opportunity which reflects her willingness to accept responsibility and to face the consequences of her actions. In her written explanation dated 23 June 2020, the Respondent had apologised for her mistakes and confusion and had assured the Complaints Committee that she would not repeat the mistakes. The Respondent had cooperated with SDC's investigations.
62. The Respondent asked for a sentencing discount of 50% in light of the delay in prosecuting the Charges against her.

DC's views

1st and 2nd Charges

63. Both the SDC Counsel and the Respondent's Counsel agree that the WMH Framework does not apply to a failure to keep proper records.
64. The DC agrees that a failure to keep adequate records is not a minor or technical breach.
65. With respect to the 1st and 2nd Charges, the DC is of the view that the Respondent's typewritten treatment records were not bereft of details. Although the Respondent had taken photographs of the patients' teeth with her own intra-oral camera, she did not upload these photographs to form part of the treatment records.
66. The DC considers that the Respondent's treatment records contain sufficient details, but the treatment records could have been more complete in providing the information referred to in the 2 Charges. As such, the DC does not consider the Respondent's deviation from the standards expected of her to be severe.

3rd Charge

67. The DC is of the view that the WMH Framework should not apply to the 3rd Charge in the present case.
68. The DC noted that the WMF Framework was applied to clinical cases of professional misconduct under Section 53(1)(d) of the MRA and also to a non-clinical case of *Julian Ong* where the doctor was found guilty of "such improper act or conduct which brought disrepute to his profession" under Section 53(1)(c) of the MRA.
69. The 3rd Charge does not involve professional misconduct. There is no finding that the Respondent was dishonest or fraudulent in making the CHAS claims. The DC is mindful of the decision in *Ho Tze Woon v SMC* [2023] SGHC 254 ("**Ho Tze Woon**") and the Court of Three Judges' views of why the WMH Framework was appropriate in the case of *Julian Ong* because the doctor "had demonstrated a callous and intentional departure from the conduct reasonably expected of him as a medical practitioner".

70. The DC is of the view that it is not appropriate to apply the WMH Framework to the Respondent's conduct in light of the circumstances of how the Respondent came to make the CHAS claims.
71. There is no doubt that the Respondent's actions in making the improper CHAS claims for the two patients have caused potential harm to public confidence in the dental profession and economic harm in that the CHAS claims resulted in higher amounts of subsidies being paid out.
72. The DC does not consider it necessary to enhance the sentence as a result of the 4th Charge being taken into consideration. The Respondent's failure to be familiar with the requirements of the CHAS Claims leading to her making improper claims is already the subject of the 3rd Charge. There does not appear to be sufficient evidence on how the CHAS Claims which the Respondent had submitted would be different had she consulted Dr A when he had provided template treatment notes in teaching the Respondent how the fillings were to be classified. Likewise, there was no clear evidence whether Dr A was absent from the clinic when the Respondent performed the dental treatment for P2. The Respondent only explained that she did not think it was necessary to consult Dr A on the treatment plan as she felt she was competent to perform the treatment.
73. The DC noted that the Respondent is remorseful and had pleaded guilty to the 3 Charges early. The Respondent's plea for a lower sentence due to her genuine mistake of the categorisation of the fillings cannot be accepted as a mitigating factor as the Respondent is expected to equip herself with proper understanding of the MOH Circulars and guidelines for CHAS claims.
74. The DC had considered that there were 5 occasions of improper CHAS Claims for P1 and one occasion for P2. The DC is of the view that the sentencing imposed on the Respondent for both 1st and 2nd Charges should be the same notwithstanding the different number of claims as the gravamen of the Charges relate to the making of improper claims by the wrong identification of what constituted complex fillings. The DC is not setting a benchmark for sentencing and note that in future cases, the number of occasions where improper CHAS Claims are made may well feature more strongly as a factor to be taken into consideration for sentencing.

CONCLUSION

75. The DC had considered that the appropriate sentences to be imposed to be as follows:
- (a) the Respondent be fined a sum of S\$5,000 for the 1st Charge;
 - (b) the Respondent be fined a sum of S\$5,000 for the 2nd Charge;
 - (c) the Respondent be suspended for 6 months for the 3rd Charge;
 - (d) the Respondent be censured;
 - (e) the Respondent to submit a written undertaking to the SDC that she will not engage in the conduct complained of or any similar conduct; and
 - (f) the Respondent shall pay the full costs and expense of, and incidental to these proceedings, including the costs of the solicitors to the SDC and the Legal Assessor.
76. The DC had considered that a sentencing discount of one-third with regard to paragraphs 75 (a) to (c) would be fair and appropriate given
- (a) the delay between the Complaint being served on the Respondent and the NOI being served on the Respondent, which is a period of around 3 years and 3 months; and
 - (b) the complexity of investigating the CHAS claims.
77. Taking into account the reduction of the fines and period of suspension, and rounding these sentences, the DC orders that:
- (a) the Respondent be fined \$3,350 each for 1st and 2nd Charges;
 - (b) the Respondent be suspended for 4 months for the 3rd Charge;
 - (c) the Respondent be censured;

- (d) the Respondent to submit a written undertaking to the SDC that she will not engage in the conduct complained of or any similar conduct; and
- (e) the Respondent shall pay the full costs and expense of, and incidental to these proceedings, including the costs of the solicitors to the SDC and Legal Assessor.

78. The grounds of decision are to be published.

Dated this 22nd day of August 2024

Dr Go Wee Ser
Chairman
Disciplinary Committee

Mr Ong Ming Da
Member
Disciplinary Committee

Dr Ong Hoe Boon
Member
Disciplinary Committee

Ms Yeap Lay Huay
Observer
Disciplinary Committee