

**SINGAPORE DENTAL COUNCIL  
DISCIPLINARY COMMITTEE INQUIRY IN RESPECT OF  
DR SOMU S/O RANGASWAMY  
ON 24 MAY 2024 & 9 JULY 2024**

**Disciplinary Committee:**

Dr Djeng Shih Kien (Chairman)  
Ms Sree Gaithiri D/O Kunnasegaran  
Dr Sivagnanam Rajendram  
Mr Yogeeswaran S/O Sivasithamparam (Observer)

**Legal Assessor:**

Mr Edmund Kronenburg

**Counsel for the Singapore Dental Council:**

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

**Counsel for the Respondent:**

Mr Ramesh Selvaraj  
Ms Sophia Eliza Rossman  
Ms Rebecca Loo  
(M/s Allen Gledhill LLP)

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**DECISION OF THE DISCIPLINARY COMMITTEE**

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

**Introduction**

1. The Respondent in this Inquiry is Dr Somu s/o Rangaswamy (“**Dr Somu**”). He has been a practising dentist since 1995.<sup>1</sup> Since 2012 and at all material times, the Respondent

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<sup>1</sup> Agreed Statement of Facts dated 22 April 2024 (“**ASOF**”) [1]. The ASOF was amended orally in respect of [93] at the Hearing on 24 May 2024 to change 25 August 2016 to 25 August 2015 and to change the formatting in respect of footnote 66 in [93(a)]. The parties mutually agreed to these amendments at the Hearing.

practised at King's Dental Surgery (Kovan) Pte Ltd ("**KDS**").<sup>2</sup>

## **Charges**

2. In this Inquiry, the Respondent faces 13 charges ("**Charges**") brought against him by the Singapore Dental Council ("**SDC**") under the Dental Registration Act 1999 ("**DRA**"). These are reproduced *verbatim* in **Annex A**.

3. The Charges fall into the following three main categories :-

(a) The 1<sup>st</sup>, 2<sup>nd</sup>, 4<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> Charges ("**Documentation Charges**") against the Respondent concern his treatment notes for eight patients when the Respondent attended to them at KDS. Specifically, the Respondent is charged with breaching Guideline 4.1.2 of the Singapore Dental Council Ethical Code and Ethical Guidelines 2006 ("**ECEG**") on the basis that his treatment notes, for each occasion that he saw the said patients, were substandard i.e. they were not of sufficient detail to allow another dentist reading them to take over management of the case. Guideline 4.1.2 of the ECEG states:

*"... 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."*

(b) The 3<sup>rd</sup>, 5<sup>th</sup>, 6<sup>th</sup> and 8<sup>th</sup> Charges against the Respondent ("**Treatment Charges**") concern his treatment rendered to four patients when he attended to them at KDS. The Respondent is charged with breaching both Guidelines 4.1.1.1 and

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<sup>2</sup> ASOF [1]

4.1.1.5 of the ECEG by performing treatments involving the use of glass ionomer cement (“**GIC**”) fillings when he should not have. The said provisions are reproduced below for convenience.

Guideline 4.1.1.1 of the ECEG

*“All clinicians are expected to have a sense of responsibility to their patients and to provide dental care or services only after an adequate assessment of a patient’s condition through good history taking, clinical examination and appropriate investigations.”*

Guideline 4.1.1.5 of the ECEG

*“A dentist shall act diligently to provide competent, compassionate and appropriate care to his patients under reasonable standards. This includes making necessary and timely appointments, arranging appropriate investigations and ensuring that results of tests are communicated to the patient and the most appropriate treatment or management is expeditiously provided...”*

Specifically, the Respondent is alleged to have performed the above treatments despite knowing or having ought to have known that GIC was not an appropriate filling material to be used, and without adequate evaluation as to whether GIC was appropriate in the circumstances.

- (c) The 13<sup>th</sup> Charge (“**CHAS Charge**”) against the Respondent alleges that he is guilty of such improper act or conduct which brings disrepute to his profession under section 50(1)(c) of the DRA for making a total of 85 CHAS claims over 25 August 2015 to 10 November 2016, in connection with his treatment of 10 patients, all for *complex* fillings when the said fillings were in fact *simple* fillings.

## Agreed Facts

4. The following material facts were agreed as between the parties, as set out in the ASOF, reproduced below (with footnotes removed):

### **B. THE 1<sup>st</sup> CHARGE AGAINST DR SOMU**

2. *Between 25 August 2015 and 8 December 2015, Dr Somu attended to a patient ("P1") on seven occasions at KDS (i.e. on 25 August 2015; 28 August 2015; 2 September 2015; 7 September 2015; 15 September 2015; 22 September 2015; and 8 December 2015). During the material period, Dr Somu was to comply with Guideline 4.1.2. of the [ECEG]...*

3. *Dr Somu's treatment notes for P1 on each of the seven occasions were not of sufficient detail to allow another dentist reading them to take over management of the case. This is elaborated further below.*

4. *Dr Somu's treatment notes for P1 did not include documentation of the clinical justifications for using [GIC] fillings for teeth #11, #12, #13, #14, #15, #16, #17, #21, #22, #23, #24, #25, #26, #27, #28, #31, #32, #33, #34, #36, #37, #38, #41, #42, #43, #44, #45, #46, #47.*

5. *Dr Somu's treatment notes for P1 also did not include documentation of the loss of enamel and exposure of dentine on teeth #17, #16, #13, #12, #11, #21, #22, #23, #24, #25, #26, #28, #38, #41, #42, #43, as well as metal on the chewing surface of the crowns on teeth #15, #14, #27, #35, #36, #37, #46, #47.*

6. *Even though Dr Somu documented in some of his treatment notes for P1 that there were "ACTIVE CARIES, LEAKING OLD FILLINGS, ABRASION AND EROSION CAVITIES", he did not provide any further documentation or specify which teeth and surface(s) had caries, leaking old fillings, abrasion or erosion cavities as well as the severity of such tooth surface loss in any of his treatment notes for P1.*

7. *Additionally, Dr Somu's treatment notes for P1 also do not contain sufficient details of what investigations were conducted by Dr Somu in respect of P1's affected*

teeth and the results of these investigations (if any) prior to using GIC fillings.

8. Further, there was no documentation in Dr Somu's treatment notes for P1 on the advice provided by Dr Somu (if any) as to the risks and benefits of using GIC fillings over amalgam restoration ("AR") or composite resin ("CR") fillings, and why GIC fillings were used as opposed to AR or CR fillings.

9. By reason of Dr Somu's failure to maintain sufficient records of his care and management of P1, Dr Somu breached Guideline 4.1.2 of the ECEG. Dr Somu's conduct amounts to such serious negligence that it objectively portrayed an abuse of the privileges which accompany registration as a dental practitioner, and he is thereby guilty of professional misconduct under section 50(1)(d) of the Dental Registration Act 1999 ("DRA").

### **C. THE 2<sup>nd</sup> CHARGE AGAINST DR SOMU**

10. Between 29 January 2016 and 16 May 2016, Dr Somu attended to a patient ("P2") on five occasions at KDS (i.e. on 29 January 2016; 4 March 2016; 6 April 2016; 19 April 2016; and 16 May 2016). At all material times, Dr Somu was to comply with Guideline 4.1.2. of the ECEG and maintain sufficient details in the patient's records. Dr Somu's treatment notes on each of the five occasions which he attended to P2 were not of sufficient detail to allow another dentist reading them to take over management of the case.

11. Dr Somu's treatment notes for P2 did not include documentation of the clinical justifications for using GIC fillings for teeth #17, #15, #14, #13, #12, #11, #21, #22, #23, #24, #25, #26, #27, #31, #32, #33, #34, #35, #41, #42, #43, #44, #45, #47.

12. Dr Somu's treatment notes for P2 also did not include documentation of the loss of enamel and exposure of dentine on teeth #17, #14, #26, #27, #47, metal on the chewing surface of the crowns on teeth #16, #36, #37, #46, and the fracture on the crown of tooth #15.

13. Even though Dr Somu documented in his treatment notes for P2 on 29 January 2016 that there were "ACTIVE CARIES, LEAKING OLD FILLINGS, ABRASION AND EROSION CAVITIES", he did not provide any further documentation or specify which

*teeth and surface(s) had caries, leaking old fillings, abrasion or erosion cavities as well as the severity of such tooth surface loss in any of his treatment notes for P2.*

14. *Additionally, Dr Somu's treatment notes for P2 also do not contain sufficient details of what investigations were conducted by Dr Somu in respect of P2's affected teeth and the results of these investigations, apart from the radiographs which were taken on 16 May 2015, prior to using GIC fillings.*

15. *Further, there was no documentation in Dr Somu's treatment notes for P2 on the advice provided by Dr Somu (if any) as to the risks and benefits of using GIC fillings over AR or CR fillings, and why GIC fillings were used as opposed to AR or CR fillings.*

16. *By reason of Dr Somu's failure to maintain sufficient records of his care and management of P2, Dr Somu breached Guideline 4.1.2. of the ECEG. Dr Somu's conduct amounts to such serious negligence that it objectively portrayed an abuse of the privileges which accompany registration as a dental practitioner, and he is thereby guilty of professional misconduct under section 50(1)(d) of the DRA.*

#### **D. THE 3<sup>rd</sup> CHARGE AGAINST DR SOMU**

17. *Between 26 August 2016 and 29 December 2016, Dr Somu attended to a patient ("P3") on seven occasions at KDS (i.e. on 26 August 2016; 15 September 2016; 29 September 2016; 20 October 2016; 10 November 2016; 6 December 2016; and 29 December 2016). During the material period, Dr Somu was to adhere to Guidelines 4.1.1.1. and 4.1.1.5. of the ECEG...*

18. *Dr Somu's treatment notes for P3 did not include documentation of the clinical justifications for using GIC fillings for teeth #17, #15, #14, #21, #24, #25, #26, #27, #31, #32, #33, #34, #35, #36, #37, #38, #41, #42, #43, #44, #45, #46.*

19. *GIC was not an appropriate filling material for teeth #14, #15, #17, #24, #25, #26, #27, #34, #35, #36, #37, #38, #44, #45, #46 because P3 demonstrated heavy biting force on these chewing surfaces and unlike AR or CR fillings, GIC exhibits less tensile strength and has poor resistance to abrasion, leading to increased wear and fracture under normal biting forces. As a result, the intended purpose of a filling fails, and frequent corrective treatment is required as the GIC fillings would dislodge easily.*

20. Further, GIC is generally not used as a filling material for occlusal surfaces and there must be sufficient justification for the use of GIC over other filling material such as CR or AR.

21. Thus, a reasonable and competent dentist in Dr Somu's position would have used AR or CR fillings for teeth which experienced higher biting force, loss of enamel and exposure of dentine such as teeth #14, #15, #17, #24, #25, #26, #27, #34, #35, #36, #37, #38, #44, #45, #46. A reasonable and competent dentist would have also assessed the appropriateness of GIC fillings having regard to the condition of the tooth by conducting a clinical examination and/or relevant investigations such as taking radiographs and/or performing sensibility testing as that is the applicable standard of care.

22. By reason of Dr Somu's inappropriate treatment involving use of GIC fillings for certain teeth for P3, when he knew or ought to have known such treatment was not an appropriate form of treatment and/or without adequate evaluation as to whether GIC fillings were appropriate, Dr Somu breached Guidelines 4.1.1.1 and/or 4.1.1.5 of the ECEG. Dr Somu's conduct amounts to such serious negligence that it objectively portrayed an abuse of the privileges which accompany registration as a dental practitioner, and he is thereby guilty of professional misconduct under section 50(1)(d) of the DRA.

#### **E. THE 4<sup>th</sup> CHARGE AGAINST DR SOMU**

23. Between 1 March 2016 and 30 June 2016, Dr Somu attended to a patient ("P4") on six occasions at KDS (i.e. on 1 March 2016; 15 March 2016; 29 March 2016; 12 April 2016; 14 April 2016; and 30 June 2016). At all material times, Dr Somu was to comply with Guideline 4.1.2. of the ECEG and maintain sufficient details in the patient's records. Dr Somu's treatment notes on each of the six occasions he attended to P4 were not of sufficient detail to allow another dentist reading them to take over management of the case.

24. Dr Somu's treatment notes for P4 did not include documentation of the clinical justifications for using GIC fillings for teeth #11, #12, #13, #14, #15, #16, #17, #21, #22, #23, #24, #25, #26, #27, #31, #32, #33, #34, #35, #37, #41, #42, #43, #44, #45, #46.

25. *Dr Somu's treatment notes for P4 also did not include documentation of the loss of enamel and exposure of dentine on teeth #17, #24, #26, #27, #36, and the exposed metal layer on the chewing surface of the crown on tooth #45.*

26. *Even though Dr Somu documented in his treatment notes for P4 on 1 March 2016 that there were "ACTIVE CARIES, LEAKING OLD FILLINGS, ABRASION AND EROSION CAVITIES", he did not provide any further documentation or specify which teeth and surface(s) had caries, leaking old fillings, abrasion or erosion cavities as well as the severity of such tooth surface loss in any of his treatment notes for P4.*

27. *Additionally, Dr Somu's treatment notes for P4 also do not contain sufficient details of what investigations were conducted by Dr Somu in respect of P4's affected teeth and the results of these investigations (if any) prior to using GIC fillings.*

28. *Further, there was no documentation in Dr Somu's treatment notes for P4 on the advice provided by Dr Somu (if any) as to the risks and benefits of using GIC fillings over AR or CR fillings, and why GIC fillings were used as opposed to AR or CR fillings.*

29. *By reason of Dr Somu's failure to maintain sufficient records of his care and management of P4, Dr Somu breached Guideline 4.1.2. of the ECEG. Dr Somu's conduct amounts to such serious negligence that it objectively portrayed an abuse of the privileges which accompany registration as a dental practitioner, and he is thereby guilty of professional misconduct under section 50(1)(d) of the DRA.*

#### **F. THE 5<sup>th</sup> CHARGE AGAINST DR SOMU**

30. *On 16 June 2016 and 1 July 2016, Dr Somu attended to a patient ("P5") at KDS. During the material period, Dr Somu was to adhere to Guidelines 4.1.1.1. and 4.1.1.5. of the ECEG.*

31. *Dr Somu's treatment notes for P5 did not include documentation of the clinical justifications for using GIC fillings for teeth #34, #35, #37.*

32. *GIC was not an appropriate filling material for teeth #34, #35, #37 because P5 demonstrated heavy biting force on these chewing surfaces and unlike AR or CR fillings, GIC exhibits less tensile strength and has poor resistance to abrasion, leading to*



increased wear and fracture under normal biting forces. As a result, the intended purpose of a filling fails, and frequent corrective treatment is required as the GIC fillings would dislodge easily.

33. Further, GIC is generally not used as a filling material for occlusal surfaces and there must be sufficient justification for the use of GIC over other filling material such as CR or AR.

34. Thus, a reasonable and competent dentist in Dr Somu's position would have used AR or CR fillings for teeth which experienced higher biting force, loss of enamel and exposure of dentine such as teeth #34, #35, #37. A reasonable and competent dentist would have also assessed the appropriateness of GIC fillings having regard to the condition of the tooth by conducting a clinical examination and/or relevant investigations such as taking radiographs and/or performing sensibility testing as that is the applicable standard of care.

35. By reason of Dr Somu's inappropriate treatment involving use of GIC fillings for certain teeth for P5, when he knew or ought to have known such treatment was not an appropriate form of treatment and/or without adequate evaluation as to whether GIC fillings were appropriate Dr Somu breached Guidelines 4.1.1.1. and/or 4.1.1.5. of the ECEG. Dr Somu's conduct amounts to such serious negligence that it objectively portrayed an abuse of the privileges which accompany registration as a dental practitioner, and he is thereby guilty of professional misconduct under section 50(1)(d) of the DRA.

#### **G. THE 6<sup>th</sup> CHARGE AGAINST DR SOMU**

36. Between 6 May 2016 and 2 September 2016, Dr Somu attended to a patient ("P6") on six occasions at KDS (i.e. on 6 May 2016; 18 May 2016; 2 June 2016; 16 June 2016; 3 August 2016 and 2 September 2016). During the material period, Dr Somu was to adhere to Guidelines 4.1.1.1. and 4.1.1.5. of the ECEG.

37. Dr Somu's treatment notes for P6 did not include documentation of the clinical justifications for using GIC fillings for teeth #17, #16, #15, #14, #13, #12, #11, #21, #22, #23, #24, #25, #27, #31, #32, #33, #34, #35, #37, #41, #42, #43, #45.

38. *GIC was not an appropriate filling material for teeth #17, #16, #15, #14, #34, #35, #37, #45 because P6 demonstrated heavy biting force on these chewing surfaces and unlike AR or CR fillings, GIC exhibits less tensile strength and has poor resistance to abrasion, leading to increased wear and fracture under normal biting forces. As a result, the intended purpose of a filling fails, and frequent corrective treatment is required as the GIC fillings would dislodge easily.*

39. *Further, GIC is generally not used as a filling material for occlusal surfaces and there must be sufficient justification for the use of GIC over other filling material such as CR or AR.*

40. *Thus, a reasonable and competent dentist in Dr Somu's position would have used AR or CR fillings for teeth which experienced higher biting force, loss of enamel and exposure of dentine such as teeth #17, #16, #15, #14, #34, #35, #37, #45. A reasonable and competent dentist would have also assessed the appropriateness of GIC fillings having regard to the condition of the tooth by conducting a clinical examination and/or relevant investigations such as taking radiographs and/or performing sensibility testing as that is the applicable standard of care.*

41. *By reason of Dr Somu's inappropriate treatment involving use of GIC fillings for certain teeth for P6, when he knew or ought to have known such treatment was not an appropriate form of treatment and/or without adequate evaluation as to whether GIC fillings were appropriate Dr Somu breached Guidelines 4.1.1.1 and/or 4.1.1.5 of the ECEG. Dr Somu's conduct amounts to such serious negligence that it objectively portrayed an abuse of the privileges which accompany registration as a dental practitioner, and he is thereby guilty of professional misconduct under section 50(1)(d) of the DRA.*

#### **H. THE 7<sup>th</sup> CHARGE AGAINST DR SOMU**

42. *Between 6 May 2016 and 2 September 2016, Dr Somu attended to P6 on six occasions at KDS (i.e. on 6 May 2016; 18 May 2016; 2 June 2016; 16 June 2016; 3 August 2016 and 2 September 2016). At all material times, Dr Somu was to comply with Guideline 4.1.2. of the ECEG and maintain sufficient details in the patient's records. Dr Somu's treatment notes on each of the six occasions he attended to P6 were not of sufficient detail to allow another dentist reading them to take over management of the*

case.

43. *Dr Somu's treatment notes for P6 did not include documentation of the clinical justifications for using GIC fillings for teeth #17, #16, #15, #14, #13, #12, #11, #21, #22, #23, #24, #25, #27, #31, #32, #33, #34, #35, #37, #41, #42, #43, #45.*

44. *Dr Somu's treatment notes for P6 also did not specify whether GIC or CR fillings were used for teeth #24, #25, #27, #31, #32, #33, #41, #42 as well as P6's pre-existing condition for these teeth and the clinical justifications for using GIC and/or CR fillings on these teeth.*

45. *Further, Dr Somu's treatment notes for P6 did not include documentation of the loss of enamel and exposure of dentine on teeth #13, #25, #27, #43, and the reduced number of teeth to bite.*

46. *Even though Dr Somu documented in his treatment notes for P6 on 6 May 2016 that there were "MULTIPLE DBEP ABRASION / CERVICAL LESIONS. ACTIVE CARIES", he did not provide any further documentation or specify which teeth and surface(s) had caries, abrasion, or cervical lesions as well as the severity of these conditions in any of his treatment notes for P6.*

47. *Additionally, Dr Somu's treatment notes for P6 also do not contain sufficient details of what investigations were conducted by Dr Somu in respect of P6's affected teeth and the results of these investigations (if any) prior to using GIC fillings.*

48. *Further, there was no documentation in Dr Somu's treatment notes for P6 on the advice provided by Dr Somu (if any) as to the risks and benefits of using GIC fillings over AR or CR fillings, and why GIC fillings were used as opposed to AR or CR fillings.*

49. *By reason of Dr Somu's failure to maintain sufficient records of his care and management of P6, Dr Somu breached Guideline 4.1.2. of the ECEG. Dr Somu's conduct amounts to such serious negligence that it objectively portrayed an abuse of the privileges which accompany registration as a dental practitioner, and he is thereby guilty of professional misconduct under section 50(1)(d) of the DRA.*

## **I. THE 8<sup>th</sup> CHARGE AGAINST DR SOMU**

50. *Between 13 May 2016 and 22 June 2016, Dr Somu attended to a patient (“P7”) on five occasions at KDS (i.e. on 13 May 2016; 26 May 2016; 31 May 2016; 15 June 2016; and 22 June 2016). During the material period, Dr Somu was to adhere to Guidelines 4.1.1.1. and 4.1.1.5. of the ECEG.*

51. *Dr Somu’s treatment notes for P7 did not include documentation of the clinical justifications for using GIC fillings for teeth #16, #15, #14, #13, #12, #11, #21, #22, #23, #24, #25, #26, #31, #32, #33, #34, #35, #36, #41, #42, #43, #44, #45, #46, #47.*

52. *GIC was not an appropriate filling material for teeth #16, #15, #14, #24, #25, #26, #34, #35, #36, #44, #45, #46, #47 because P7 demonstrated heavy biting force on these chewing surfaces and unlike AR or CR fillings, GIC exhibits less tensile strength and has poor resistance to abrasion, leading to increased wear and fracture under normal biting forces. As a result, the intended purpose of a filling fails, and frequent corrective treatment is required as the GIC fillings would dislodge easily.*

53. *Further, GIC is generally not used as a filling material for occlusal surfaces and there must be sufficient justification for the use of GIC over other filling material such as CR or AR.*

54. *Thus, a reasonable and competent dentist in Dr Somu’s position would have used AR or CR fillings for teeth which experienced higher biting force, loss of enamel and exposure of dentine such as teeth #16, #15, #14, #24, #25, #26, #34, #35, #36, #44, #45, #46, #47. A reasonable and competent dentist would have also assessed the appropriateness of GIC fillings having regard to the condition of the tooth by conducting a clinical examination and/or relevant investigations such as taking radiographs and/or performing sensibility testing as that is the applicable standard of care.*

55. *By reason of Dr Somu’s inappropriate treatment involving use of GIC fillings for certain teeth for P7, when he knew or ought to have known such treatment was not an appropriate form of treatment and/or without adequate evaluation as to whether GIC fillings were appropriate, Dr Somu breached Guidelines 4.1.1.1. and/or 4.1.1.5. of the ECEG. Dr Somu’s conduct amounts to such serious negligence that it objectively portrayed an abuse of the privileges which accompany registration as a dental*

practitioner, and he is thereby guilty of professional misconduct under section 50(1)(d) of the DRA.

**J. THE 9<sup>th</sup> CHARGE AGAINST DR SOMU**

56. Between 13 May 2016 and 22 June 2016, Dr Somu attended to P7 on five occasions at KDS (i.e. on 13 May 2016; 26 May 2016; 31 May 2016; 15 June 2016; and 22 June 2016). At all material times, Dr Somu was to comply with Guideline 4.1.2. of the ECEG and maintain sufficient details in the patient's records. Dr Somu's treatment notes on each of the five occasions when he attended to P7 were not of sufficient detail to allow another dentist reading them to take over management of the case.

57. Dr Somu's treatment notes for P7 did not include documentation of the clinical justifications for using GIC fillings for teeth #16, #15, #14, #13, #12, #11, #21, #22, #23, #24, #25, #26, #31, #32, #33, #34, #35, #36, #41, #42, #43, #44, #45, #46, #47.

58. Dr Somu's treatment notes for P7 also did not include documentation of the loss of enamel and exposure of dentine on teeth #24, #26, #35, #36, #46.

59. Even though Dr Somu documented in his treatment notes for P7 on 13 May 2016 that there were "ACTIVE CARIES, LEAKING OLD FILLINGS, ABRASION AND EROSION CAVITIES", he did not provide any further documentation or specify which teeth and surface(s) had caries, leaking old fillings, abrasion or erosion cavities as well as the severity of such tooth surface loss in any of his treatment notes for P7.

60. Additionally, Dr Somu's treatment notes for P7 also do not contain sufficient details of what investigations were conducted by Dr Somu in respect of P7's affected teeth and the results of these investigations (if any) prior to using GIC fillings.

61. Further, there was no documentation in Dr Somu's treatment notes for P7 on the advice provided by Dr Somu (if any) as to the risks and benefits of using GIC fillings over AR or CR fillings, and why GIC fillings were used as opposed to AR or CR fillings.

62. By reason of Dr Somu's failure to maintain sufficient records of his care and management of P7, Dr Somu breached Guideline 4.1.2 of the ECEG. Dr Somu's

conduct amounts to such serious negligence that it objectively portrayed an abuse of the privileges which accompany registration as a dental practitioner, and he is thereby guilty of professional misconduct under section 50(1)(d) of the DRA.

**K. THE 10<sup>th</sup> CHARGE AGAINST DR SOMU**

63. Between 25 May 2016 and 11 August 2016, Dr Somu attended to a patient (“P8”) on four occasions at KDS (i.e. on 25 May 2016; 7 June 2016; 24 June 2016; and 11 August 2016). At all material times, Dr Somu was to comply with Guideline 4.1.2. of the ECEG and maintain sufficient details in the patient’s records. Dr Somu’s treatment notes on each of the four occasions when he attended to P8 were not of sufficient detail to allow another dentist reading them to take over management of the case.

64. Dr Somu’s treatment notes for P8 did not include documentation of the clinical justifications for using GIC fillings for teeth #17, #16, #15, #14, #24, #25, #26, #27, #34, #35, #36, #37, #44, #45, #46, #47.

65. Dr Somu’s treatment notes for P8 also did not include documentation of the wear facets on teeth #14, #15, #16, #23, #24, #36, #46, #47.

66. Even though Dr Somu documented in his treatment notes for P8 on 25 May 2016 that there were “ACTIVE CARIES”, he did not provide any further documentation or specify which teeth and surface(s) had caries or the severity of this condition in any of his treatment notes for P8.

67. Additionally, Dr Somu’s treatment notes for P8 also do not contain sufficient details of what investigations were conducted by Dr Somu in respect of P8’s affected teeth and the results of these investigations (if any) prior to using GIC fillings.

68. Further, there was no documentation in Dr Somu’s treatment notes for P8 on the advice provided by Dr Somu (if any) as to the risks and benefits of using GIC fillings over AR or CR fillings, and why GIC fillings were used as opposed to AR or CR fillings.

69. By reason of Dr Somu’s failure to maintain sufficient records of his care and management of P8, Dr Somu breached Guideline 4.1.2. of the ECEG. Dr Somu’s conduct amounts to such serious negligence that it objectively portrayed an abuse of

*the privileges which accompany registration as a dental practitioner, and he is thereby guilty of professional misconduct under section 50(1)(d) of the DRA.*

**L. THE 11<sup>th</sup> CHARGE AGAINST DR SOMU**

70. *Between 20 August 2016 and 19 May 2018, Dr Somu attended to a patient (“P9”) on five occasions at KDS (i.e. on 20 August 2016; 24 September 2016; 3 June 2017; 23 December 2017; and 19 May 2018). At all material times, Dr Somu was to comply with Guideline 4.1.2. of the ECEG and maintain sufficient details in the patient’s records. Dr Somu’s treatment notes on each of the five occasions which he attended to P9 were not of sufficient detail to allow another dentist reading them to take over management of the case.*

71. *Dr Somu’s treatment notes for P9 did not include documentation of the clinical justifications for using GIC fillings for teeth #17, #16, #15, #14, #24, #25, #26, #27, #34, #35, #36, #37, #44, #45, #46, #47.*

72. *Dr Somu’s treatment notes for P9 also did not include documentation of the wear facets on teeth #17, #16, #14, #23, #24, #25, #26, #27, #34, #35, #44, #45, #46.*

73. *Even though Dr Somu documented in his treatment notes for P9 on 20 August 2016 that there were “ACTIVE CARIES”, he did not provide any further documentation or specify which teeth and surface(s) had caries or the severity of this condition in any of his treatment notes for P9.*

74. *Additionally, Dr Somu’s treatment notes for P9 also do not contain sufficient details of what investigations were conducted by Dr Somu in respect of P9’s affected teeth and the results of these investigations (if any) prior to using GIC fillings.*

75. *Further, there was no documentation in Dr Somu’s treatment notes for P9 on the advice provided by Dr Somu (if any) as to the risks and benefits of using GIC fillings over AR or CR fillings, and why GIC fillings were used as opposed to AR or CR fillings.*

76. *By reason of Dr Somu’s failure to maintain sufficient records of his care and management of P9, Dr Somu breached Guideline 4.1.2. of the ECEG. Dr Somu’s conduct amounts to such serious negligence that it objectively portrayed an abuse of*

*the privileges which accompany registration as a dental practitioner, and he is thereby guilty of professional misconduct under section 50(1)(d) of the DRA.*

**M. THE 12<sup>th</sup> CHARGE AGAINST DR SOMU**

77. *On 16 June 2016 and 2 September 2016, Dr Somu attended to a patient (“P10”) at KDS. At all material times, Dr Somu was to comply with Guideline 4.1.2. of the ECEG and maintain sufficient details in the patient’s records. Dr Somu’s treatment notes on both occasions which he attended to P10 were not of sufficient detail to allow another dentist reading them to take over management of the case.*

78. *Dr Somu’s treatment notes for P10 did not include documentation of the clinical justifications for using GIC fillings for teeth #18, #17, #16, #15, #14, #24, #25, #26, #27, #28, #34, #35, #36, #37, #44, #45, #46, #47.*

79. *Dr Somu’s treatment notes for P10 also did not include documentation of the wear facets on teeth #15, #14, #13, #23, #24, #26, #34, #35, #43, #45, #46.*

80. *Even though Dr Somu documented in his treatment notes for P10 on 16 June 2016 that there were “DEEP PITTED AND GROOVED TEETH”, he did not provide any further documentation or specify which teeth and surface(s) were deep pitted and grooved and/or whether any of the pits or grooves had caries and the extent of caries (if any) in any of his treatment notes for P10.*

81. *Additionally, Dr Somu’s treatment notes for P10 also do not contain sufficient details of what investigations were conducted by Dr Somu in respect of P10’s affected teeth and the results of these investigations (if any) prior to using GIC fillings.*

82. *Further, there was no documentation in Dr Somu’s treatment notes for P10 on the advice provided by Dr Somu (if any) as to the risks and benefits of using GIC fillings over AR or CR fillings, and why GIC fillings were used as opposed to AR or CR fillings.*

83. *By reason of Dr Somu’s failure to maintain sufficient records of his care and management of P10, Dr Somu breached Guideline 4.1.2. of the ECEG. Dr Somu’s conduct amounts to such serious negligence that it objectively portrayed an abuse of the privileges which accompany registration as a dental practitioner, and he is thereby*



guilty of professional misconduct under section 50(1)(d) of the DRA.

**N. THE 13<sup>th</sup> CHARGE AGAINST DR SOMU**

84. From time to time, the Ministry of Health (“**MOH**”) issues guidelines on the dental procedures, claim limits and subsidy rates for CHAS subsidies, as well as circulars regarding the claiming of such CHAS subsidies.

85. KDS participated in the CHAS subsidy scheme since 2014. At that time, the applicable guidelines were that published in 2014 (the “**2014 CHAS Guidelines**”). The 2014 CHAS Guidelines did not provide a definition of complex dental fillings.

86. 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.

87. Subsequently, the MOH published MOH Circular No. 19/2015, “Advisory on Claiming Subsidies under the Community Health Assist Scheme (CHAS)” dated 30 April 2015 (the “**2015 MOH Circular**”), and stated that 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. Dr Somu overlooked the 2015 MOH Circular.

88. 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).

89. Dr Somu made full restitution to MOH of all CHAS claims that MOH had not only identified as being irregular in the course of the audit, but that Somu had himself identified as being irregular over the course of self-review exercises which he had undertaken with the MOH between 2017 and 2019. Such restitution was made by way of cheque amounting to S\$46,592.00 on 27 April 2020.

90. On 12 May 2020, the Singapore Dental Council (“**SDC**”) was informed by way of a letter from one Ms C of the MOH’s Healthcare Finance Division (the “**Complaint**”) that the CHAS 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 inaccurate documentation of fillings, including the upcoding of fillings and documentation of fillings being done that were not reflected in the treatment notes.

91. A police report was filed against KDS sometime in 2017, and KDS was subsequently suspended from CHAS accreditation on 29 May 2019.

92. The Commercial Affairs Department (“**CAD**”) commenced investigations into the matter following receipt of the police report. The CAD subsequently informed Dr Somu that they would not be taking any further action on the matter.

93. Based on the audit of the CHAS dental claims submitted by KDS, Dr Somu had made 85 CHAS claims for complex fillings in connection with his treatment of the following patients (the “**CHAS Claims**”) between 25 August [2015] and 10 November 2016:

- (a) For P1: for fillings done on teeth #24, #25, #44, #45.
- (b) For P2: for fillings done on teeth #14, #25, #34, #35.
- (c) For P3: for fillings done on teeth #14, #15, #34, #35, #37 (wherein two claims for complex fillings were made for tooth #34).
- (d) For P4: for fillings done on teeth #14, #24, #27.
- (e) For P5: for fillings done on teeth #34, #35, #37, #44, #45.
- (f) For P6: for fillings done on teeth #14, #15, #17, #34, #35.
- (g) For P7: for fillings done on teeth #14, #15, #24, #25, #34, #35, #44, #45, #46, #47 (wherein two claims for complex fillings were made for teeth #14, #15, #24, #25, #34, #35, #45, #47).
- (h) For P10: for fillings done on teeth #14, #15, #16, #17, #18, #24, #25, #26, #27, #28, #34, #35, #36, #37, #44, #45, #46, #47.
- (i) For P9: for fillings done on teeth #14, #15, #17, #24, #25, #27, #34, #35, #36, #37, #44, #45, #46, #47.

(j) For P8: for fillings done on teeth #14, #15, #24, #25, #34, #35, #44, #45.

94. However, the CHAS Claims performed by Dr Somu 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 fillings should not have been claimed as complex fillings, as made clear in the 2015 MOH Circular.

95. After conducting its audit, the CHAS Audit Team concluded that the fillings for the teeth specified in the CHAS Claims, should be considered as simple fillings and ultimately recommended that the CHAS Claims be rejected.

96. As a result of Dr Somu making CHAS Claims for complex fillings when the fillings performed were in fact simple fillings, a higher amount of subsidies were paid out for these dental procedures which would not have qualified for the higher subsidy amount. Accordingly, Dr Somu's conduct in making these CHAS Claims amounts to a misuse and/or abuse of CHAS. He is therefore guilty of such improper act or conduct which brings disrepute to his profession under section 50(1)(c) of the DRA.

### **The Respondent's Plea of Guilt Is Accepted**

5. At the Hearing on 24 May 2024, the Respondent pleaded guilty to all the Charges.
6. Based on the agreed facts set forth above, as well as the totality of the evidence placed before it in relation to the Charges, the Disciplinary Committee found that all the Charges had been sufficiently made out beyond a reasonable doubt. The Disciplinary Committee therefore accepted the Respondent's plea in relation to the Charges, and found him guilty in relation to the same.

### **Sentencing Submissions**

7. The Disciplinary Committee then proceeded to hear the parties' submissions on sentencing.

8. In relation to sentencing, the SDC and the Respondent tendered the following submissions and bundles, which the Disciplinary Committee has duly read and considered:-
- (a) Tendered by the SDC: Prosecution’s Sentencing Submissions dated 17 May 2024 (“**PSS**”) together with a Bundle of Authorities; and
  - (b) Tendered by the Respondent: Sentencing Submissions & Plea In Mitigation on behalf of Dr Somu s/o Rangaswamy dated 17 May 2024 (“**RSS**”) together with a Bundle of Authorities.
9. In addition, SDC’s Counsel and Respondent’s Counsel made oral submissions to the Disciplinary Committee at the Hearing on 24 May 2024. In his oral submissions, Respondent’s Counsel corrected the ASOF (as earlier stated in footnote 1 of this Decision), and also modified and clarified the position he had earlier taken in RSS. This Decision is rendered on the basis of the said modified and clarified position taken by the Respondent.
10. As regards the **Documentation Charges**, the SDC and the Respondent agree that based on the principles in *SDC Disciplinary Inquiry for Dr Wang Kit Man* (“**WKM**”) and/or *Singapore Medical Council v Mohd Syamsul Alam bin Ismail* [2019] 4 SLR 1375 (“**Syamsul**”), a period of suspension would be appropriate for each of the said charges. The respective positions of the SDC and the Respondent (as orally updated by Respondent’s Counsel) are set out below.

### Documentation Charges

	<b>SDC<sup>3</sup></b>	<b>Respondent<sup>4</sup></b>
Submitted punishment	Suspension	Suspension
No of months'	Notional <sup>5</sup> 2 months' suspension for each of the Documentation Charges	Notional 1 month suspension for each of the Documentation Charges

11. As regards the **Treatment Charges** and **CHAS Charge**, SDC's Counsel and Respondent's Counsel were in agreement<sup>6</sup> that the Disciplinary Committee should adopt and apply the sentencing framework and principles set out in (1) *Wong Meng Hang v Singapore Medical Council and other matters* [2019] 3 SLR 526 ("**Wong Meng Hang**") and (2) the Sentencing Guidelines for Singapore Medical Disciplinary Tribunals dated 15 July 2020 ("**SMC Sentencing Guidelines**"), despite the fact that the present disciplinary proceedings involve a dental practitioner, as opposed to a medical practitioner.
12. Applying the above sentencing framework and principles (where applicable), the respective positions of the SDC and the Respondent (as orally updated by Respondent's Counsel) are set out below.

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<sup>3</sup> Transcript of Hearing on 24 May 2024, page 17, line 20 - 21 (T/17/20-21). This abbreviation will hereinafter be used in this Decision to refer to transcript references.

<sup>4</sup> T/65/14-15

<sup>5</sup> Both parties adopted the term "notional suspension" to refer to a period of suspension for the purpose of calculating the final suspension term, bearing in mind that under the DRA, the minimum suspension period was 3 months. See e.g. T/65/21 to T/66/5

<sup>6</sup> PSS [31] – [37]; RSS [22] – [25]

### Treatment Charges

	SDC <sup>7</sup>		Respondent <sup>8</sup>	
	<i>Harm</i>	<i>Culpability</i>	<i>Harm</i>	<i>Culpability</i>
Submitted position	Slight	Medium	Slight	Low end of medium
Indicative sentencing range	3 <sup>rd</sup> Charge – 9 months' suspension 8 <sup>th</sup> Charge – 9 months' suspension 6 <sup>th</sup> Charge – 8 months' suspension 5 <sup>th</sup> Charge – 6 months' suspension		3 <sup>rd</sup> Charge – 6 months' suspension* 8 <sup>th</sup> Charge – 6 months' suspension* 6 <sup>th</sup> Charge – 5 months' suspension* 5 <sup>th</sup> Charge – 3 months' suspension*	

\* After taking into consideration mitigating factors

### CHAS Charge

	SDC <sup>9</sup>		Respondent <sup>10</sup>	
	<i>Harm</i>	<i>Culpability</i>	<i>Harm</i>	<i>Culpability</i>
Submitted position	Moderate	Medium	Moderate	Medium
Indicative sentencing range	15 months' suspension		12 months' suspension*	

\* After taking into consideration mitigating factors

### Respondent's Submitted Mitigating Factors

13. Respondent's Counsel urged the Disciplinary Committee to consider the following mitigating factors<sup>11</sup>:-
- (a) the Respondent's timely plea of guilt and "high level of cooperation" in the SDC's investigation;
  - (b) the Respondent's full restitution in respect of his CHAS claims *inter alia* the claims forming the subject matter of the CHAS Charge;

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<sup>7</sup> PSS [42]  
<sup>8</sup> T/59/8 to T/60/10  
<sup>9</sup> PSS [53]  
<sup>10</sup> T/54/15-23  
<sup>11</sup> RSS [54]

- (c) the Respondent's voluntary steps taken to rectify lapses;
- (d) the Respondent's unblemished record; and
- (e) allegedly inordinate delays in investigation and/or prosecution in this case.

### **Respective Sentencing Positions**

14. In summary, the SDC and the Respondent were *ad idem*<sup>12</sup> that the following orders would be appropriate, if issued by the Disciplinary Committee:-
- (a) a suspension from practice (the duration of which however, remained in dispute between the parties);
  - (b) censure;
  - (c) an order that the Respondent give a written undertaking to the SDC that he will not engage in the conduct complained of or any similar conduct; and
  - (d) an order that the Respondent pay the costs and expenses of and incidental to the proceedings, including the costs of SDC's Counsel.
15. The Disciplinary Committee agrees in general that the above orders are appropriate in the present circumstances.
16. As to the *appropriate period* of suspension, the respective positions of the SDC and the Respondent (as orally updated by Respondent's Counsel) are set out below, with calculations, after considering all the aggravating / mitigating / offender-specific factors, and the Totality Principle *per* the SMC Sentencing Guidelines. Notably, the parties were *ad idem* in respect of which were the most serious charges, and as to which charges should run consecutively and concurrently.<sup>13</sup>

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<sup>12</sup> PSS [82]; RSS [68]

<sup>13</sup> T/66/6 - 10

### Parties' respective positions on appropriate period of suspension

	SDC	Respondent
<b>Documentation Charges</b>	Notional suspension of 2 months each for the 7 <sup>th</sup> and 11 <sup>th</sup> Charges (being the most serious of these charges) running consecutively, with the rest to run concurrently. <sup>14</sup> <b>Sub-total = 4 months</b>	Notional suspension of 1 month for each of the two most serious charges, running consecutively, with the rest to run concurrently. <sup>15</sup> <b>Sub-total = 2 months</b>
<b>Treatment Charges</b>	9 months' suspension for the 8 <sup>th</sup> Charge (being the single most serious of these charges) running consecutively, with the others to run concurrently. <sup>16</sup> <b>Sub-total = 9 months</b>	6 months' suspension for the single most serious of these charges running consecutively, with the others to run concurrently. <sup>17</sup> <b>Sub-total = 6 months</b>
<b>CHAS Charge</b>	15 months' suspension for the 13 <sup>th</sup> Charge running consecutively. <sup>18</sup> <b>Sub-total = 15 months</b>	12 months' suspension for the 13 <sup>th</sup> Charge running consecutively. <sup>19</sup> <b>Sub-total = 12 months</b>
<b>TOTAL</b> before any discount for delay in prosecution	4 + 9 + 15 = 28 months	2 + 6 + 12 = 20 months
Submitted appropriate discount <i>should delay in prosecution be found by the Disciplinary Committee</i>	33% <sup>20</sup>	40% <sup>21</sup>
<b>FINAL TOTAL</b> i.e. after discount for delay in prosecution (if any)	<b>19 months</b> <sup>22</sup>	<b>12 months</b> <sup>23</sup>

### Consideration by the Disciplinary Committee

17. For the avoidance of doubt, the Disciplinary Committee has, in issuing this Decision, considered all of the evidence, arguments and submissions (and all legal authorities tendered therewith) placed before it, including but not limited to PSS, RSS and

<sup>14</sup> PSS [76(a)]

<sup>15</sup> T/65/14-15

<sup>16</sup> PSS [76(b)]

<sup>17</sup> T/59/8 to T/60/10

<sup>18</sup> PSS [76(c)]

<sup>19</sup> T/54/15-23

<sup>20</sup> PSS [80]

<sup>21</sup> T/67/17-18

<sup>22</sup> PSS [80] – [82]

<sup>23</sup> T/67/11-20



counsel's submissions at the Hearing. This is so even if no express reference to a specific document, argument or submission is made in this Decision.

### ***Documentation Charges***

18. In respect of the Documentation Charges, the Disciplinary Committee agrees with both parties' submissions that the principles in *WKM* and/or *Syamsul* should apply.
19. On the evidence before it, the Disciplinary Committee generally agrees with both Counsel that in respect of each of the Documentation Charges, given the significant departure in the Respondent's record-keeping from the standard of record-keeping required of him (which Respondent's Counsel rightly conceded)<sup>24</sup>, a period of suspension (as opposed to a fine) would be appropriate.
20. In this regard, the Disciplinary Committee agrees with the SDC that a notional 2 months' suspension in respect of *each* of the Documentation Charges would be appropriate as a starting point.

### ***Treatment Charges***

21. In respect of the Treatment Charges, the Disciplinary Committee agrees with both parties' submissions that the sentencing framework and principles set out in *Wong Meng Hang* and the SMC Sentencing Guidelines should apply.
22. Applying the above framework and principles, the Disciplinary Committee generally agrees with Counsel for both parties that the Respondent's level of harm was ***slight***

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<sup>24</sup> T/60/11-18

and his culpability was **medium**. The Disciplinary Committee finds that in respect of the Treatment Charges:-

- (a) Slight Harm: There was *low potential* for personal injury, with no evidence of any actual personal injury. Further, the offence did not undermine public confidence in the dental profession and the Respondent's conduct had low potential for doing so.
- (b) Medium Culpability: While there was no evidence that the Respondent intentionally sought to take advantage of the patients in question, the fact is that the Respondent's patients wholly relied on his expertise to provide them with treatment that was proper and effective under the circumstances, which the Respondent did not i.e. there was some abuse of the trust and confidence that the Respondent's patients placed in him.

23. Considering the totality and circumstances of the Respondent's conduct, and applying the sentencing framework and principles set out in *Wong Meng Hang* and the SMC Sentencing Guidelines, the Disciplinary Committee agrees with the SDC's proposed suspensions in respect of the Treatment Charges as a starting point i.e.

- (a) 3rd Charge – 9 months' suspension;
- (b) 8th Charge – 9 months' suspension;
- (c) 6th Charge – 8 months' suspension; and
- (d) 5th Charge – 6 months' suspension.<sup>25</sup>

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<sup>25</sup> PSS [42]

## **CHAS Charge**

24. In respect of the CHAS Charge (13<sup>th</sup> Charge), the Disciplinary Committee again agrees with both parties' submissions that the sentencing framework and principles set out in *Wong Meng Hang* and the SMC Sentencing Guidelines should apply.
25. Applying the above framework and principles, the Disciplinary Committee generally agrees with Counsel for both parties that the Respondent's level of harm was **moderate** and his culpability was **medium**, for *inter alia* the following main reasons:-
- (a) Moderate Harm: The offence which formed the subject matter of the CHAS Charge significantly undermined public confidence in the dental profession. The Disciplinary Committee fully agrees with the SDC that the Respondent's "*... making of improper CHAS claims involves considerable 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. Such harm is also amplified because these breaches by [the Respondent] were numerous, totaling 85 improper CHAS claims, over a sustained period of over 14 months.*"<sup>26</sup>
- (b) Medium Culpability: The Disciplinary Committee notes that the Respondent's conduct persisted for a sustained period of time i.e. over a year. The Respondent should have sometime during that significant period familiarised himself with the applicable 2015 MOH Circular and its clarification that Class I and V fillings (based on G.V. Black's classification of dental caries) should not be claimed as complex fillings. He should have been aware of the 2015 MOH

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<sup>26</sup> PSS [55]

Circular since such documents are circulated to CHAS-accredited dental clinics such as KDS and were available on the SDC's website after being published. As a practitioner making CHAS claims, the Respondent should at the very least have checked the applicable CHAS guidelines when making any CHAS claims.

26. Considering the totality and circumstances of the Respondent's conduct, the Disciplinary Committee further agrees with the SDC that a 15 months' suspension in respect of the CHAS Charge would be appropriate as starting point.

### **Additional Steps in the Sentencing Framework**

27. Applying the "Additional Steps In the Sentencing Framework"<sup>27</sup> set out in the SMC Sentencing Guidelines, the SDC submits (as stated above), that the following charges should run consecutively, with other others to run concurrently: (a) Documentation Charges - 7<sup>th</sup> and 11<sup>th</sup> Charges (being the most serious of these charges), (b) Treatment Charges - 8<sup>th</sup> Charge (being the single most serious of these charges)<sup>28</sup> and the CHAS Charge (13<sup>th</sup> Charge).
28. The Disciplinary Committee further notes the following statement by the Respondent's Counsel at the Hearing on 24 May 2024:-

*... We will say we are content to align ourselves with prosecution's submissions as to which charges sentences should be proceeded with consecutively and*

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<sup>27</sup> Prosecution's Bundle of Authorities p 542 onwards. This includes the Totality Principle, the One-Transaction Rule etc.

<sup>28</sup> PSS [76(b)]

*which should run concurrently. So we are aligned with the prosecution in that regard.*<sup>29</sup>

29. Having considered and applied the “Additional Steps In the Sentencing Framework”, the Disciplinary Committee finds that it would be just and appropriate to adopt the submission by the SDC that the suspensions for the (1) 7<sup>th</sup> Charge and 11<sup>th</sup> Charge (which the Disciplinary Committee agrees are the two most serious of the Documentation Charges), (2) the 8<sup>th</sup> Charge (which the Disciplinary Committee agrees is the most serious of the Treatment Charges) and (3) the 13<sup>th</sup> Charge / CHAS Charge, should run consecutively, with the suspensions for all other Charges to run concurrently. This brings the aggregate overall suspension to  $2 + 2 + 9 + 15 = \mathbf{28}$  **months**, *before* any adjustment for aggravating / mitigating / offender-specific factors, as well as any discount for inordinate delay in prosecution (if any).

***Aggravating / Mitigating / Offender-Specific Factors***

30. The Disciplinary Committee notes that the Respondent has a “*long unblemished track record*” but also notes his seniority (and his position as a supervising dentist) as being an aggravating factor.<sup>30</sup> As a senior practitioner, the Respondent should have known better than to engage in the conduct which formed the subject matter of the Charges, especially the CHAS Charge. Ultimately, the Disciplinary Committee regards the Respondent’s clean record and his seniority as cancelling one another out.
31. The Disciplinary Committee however notes – as a mitigating factor – the fact that the Respondent was cooperative with the SDC and that he pleaded guilty early, and has

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<sup>29</sup> T/66/6-10

<sup>30</sup> PSS [67]

acknowledged responsibility for his conduct.

32. The Disciplinary Committee also notes that the Respondent has made full restitution and has taken steps to ensure that his conduct in respect of the Charges will not be repeated. In particular, the Disciplinary Committee notes from RSS [58] – [59] in relation to the CHAS Charge (emphasis added):-

58. *Dr Somu had, even prior to the issuance of the Notice of Complaint by the SDC on 2 June 2020, already made full restitution to the MOH of all CHAS claims that the MOH had not only identified as being irregular, but that Dr Somu had himself identified as being irregular over the course of self- review exercises which he had undertaken with the MOH between 2017 and 2019. To facilitate the progress of these exercises, Dr Somu also voluntarily made full restitution of CHAS claims (which he identified as being irregular in his review) which were made by other dentists who were under the employment of the Clinic i.e., Dr A and Dr B.*

59. *The MOH acknowledged receipt of the sum of S\$46,592 from Dr Somu on 10 June 2020.<sup>18</sup>*

33. The Disciplinary Committee regards the above conduct as a significant mitigating factor in the Respondent's favour.

34. The Disciplinary Committee also notes the Respondent's general good character and substantial history of volunteer work, both local and overseas, as set out in RSS pages 41 – 64. These again, were mitigating factors in the Respondent's favour.

35. In the round, the Disciplinary Committee finds that the mitigating factors stated above cumulatively justify a reduction of **3 months** in the aggregate suspension period arising

from the Documentation Charges, Treatment Charges and CHAS Charge i.e. 4 + 9 + 15 months = 28 months, less 3 months (for mitigating factors) = 25 months' suspension.

***Discount for Delay in Prosecution***

36. SDC's Counsel has rightly conceded that there was *"a period of delay of three years and three months between the service of the [Notice of Complaint] on 2 June 2020 and the service of the [Notice of Inquiry] on 4 September 2023"*, which delay was *not* contributed to by the Respondent.<sup>31</sup> The SDC however also highlights that the present case involves *"... highly complex and technical issues including the applicable standard expected from dentists in relation to CHAS claims for complex fillings, as well as the applicable standard for appropriate treatment of patients involving the use of GIC fillings."* In the round, the SDC therefore submits that a sentencing discount of not more than 33% *"... should be applied on the starting aggregate suspension period of 28 months, resulting in an aggregate suspension term of 19 months"*.<sup>32</sup>
37. In response, Respondent's Counsel argues – given the substantial period of delay – that a greater discount of 40% should be applied to the Respondent's submitted aggregate suspension period of 15 months, arriving at a final aggregate suspension period of 12 months.<sup>33</sup>
38. The Disciplinary Committee finds that there has been inordinate delay in prosecuting this case, and that a **discount of 35%** should be applied to the aggregate sentence, after taking into account the discount for the mitigating factors stated above.

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<sup>31</sup> PSS [79]

<sup>32</sup> PSS [80]

<sup>33</sup> T/67/11-20

39. Applying this discount, the Disciplinary Committee arrives at 16.25 (25 x 65%) months, which the Disciplinary Committee rounds down to a final aggregate suspension of **16 months**, which the Disciplinary Committee in its discretion, orders to *commence one (1) month from the date of this Decision*, so as to allow the Respondent reasonable time to make the necessary arrangements.
40. For convenience, the Disciplinary Committee's decision and calculations as to the *period of suspension* are summarised below.

	<b>Decision of the Disciplinary Committee</b>
<b>Documentation Charges</b>	Notional suspension of 2 months each for the 7 <sup>th</sup> and 11 <sup>th</sup> Charges (being the most serious of these charges) running consecutively, with the rest to run concurrently. <b>Sub-total = 4 months</b>
<b>Treatment Charges</b>	9 months' suspension for the 8 <sup>th</sup> Charge (being the single most serious of these charges) running consecutively, with the others to run concurrently. <b>Sub-total = 9 months</b>
<b>CHAS Charge</b>	15 months' suspension for the 13 <sup>th</sup> Charge running consecutively. <b>Sub-total = 15 months</b>
<b>PRE-DISCOUNTED TOTAL</b>	4 + 9 + 15 = 28 months
Discount for mitigating factors	Less 3 months = 25 months
Discount for delay in prosecution	35%
<b>FINAL TOTAL</b>	<b>= 25 months x 65%</b> <b>= <u>16 months' suspension</u> (rounded-down)</b>

**Orders of the Disciplinary Committee**

41. Having carefully considered all of the submissions, documents and other evidence before us, and having also taken into account all the circumstances of the case, the Disciplinary Committee now, for the reasons set forth above, orders as follows:-
- (a) the Respondent's registration in the Register of Dentists be suspended for a period of **16 months**, such suspension to commence **one (1) month** from the date of this Decision;



- (b) the Respondent be censured;
- (c) the Respondent is to give a written undertaking to the SDC that he will not engage in the conduct complained of or any similar conduct in future; and
- (d) the Respondent is to pay the costs and expenses of and incidental to these proceedings, including but not limited to the costs of SDC's Counsel and the Legal Assessor to the Disciplinary Committee, and such reasonable expenses as are necessary for the conduct of these proceedings.

42. We further order that this Decision be published.

43. This Inquiry is hereby concluded.

Dated this 9<sup>th</sup> day of July, 2024.



**Dr Djeng Shih Kien**  
Chairman  
Disciplinary  
Committee



**Ms Sree Gaithiri D/O  
Kunnasegaran**  
Member  
Disciplinary Committee



**Dr Sivagnanam  
Rajendram**  
Member  
Disciplinary  
Committee



**Mr Yogeeswaran S/O  
Sivasithamparam**  
Observer  
Disciplinary Committee

**ANNEX A:**

**CHARGES AGAINST THE RESPONDENT AS STATED IN THE  
AMENDED NOTICE OF INQUIRY DATED 22 APRIL 2024**

**1<sup>st</sup> CHARGE**

1. That you, Dr Somu s/o Rangaswamy, a registered dentist under the Dental Registration Act 1999, are charged that, between 25 August 2015 and 8 December 2015, 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:
- (i) the clinical justifications for using glass ionomer cement ("**GIC**") fillings for teeth #11, #12, #13, #14, #15, #16, #17, #21, #22, #23, #24, #25, #26, #27, #28, #31, #32, #33, #34, #36, #37, #38, #41, #42, #43, #44, #45, #46, #47;
  - (ii) the loss of enamel and exposure of dentine on teeth #17, #16, #13, #12, #11, #21, #22, #23, #24, #25, #26, #28, #38, #41, #42, #43, metal on the chewing surface of the crowns on teeth #15, #14, #27, #35, #36, #37, #46, #47;

- (b) you did not maintain sufficient documentation of and/or specify which teeth and surface(s) had caries, leaking old fillings, abrasion or erosion cavities, and the severity of these conditions;
- (c) you did not maintain sufficient documentation of what investigations you conducted in respect of the above teeth and the results of these investigations (if any) prior to using GIC fillings;
- (d) you did not maintain sufficient documentation of your advice to P1 (if any) as to the risks and benefits of using GIC fillings over amalgam restoration (“AR”) or composite resin (“CR”) fillings, and why GIC fillings were used as opposed to AR or CR fillings;
- (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.

**2<sup>nd</sup> CHARGE**

2. That you, Dr Somu s/o Rangaswamy, a registered dentist under the Dental Registration Act 1999, are charged that, between 29 January 2016 and 16 May 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:
  - (i) the clinical justifications for using GIC fillings for teeth for #17, #15, #14, #13, #12, #11, #21, #22, #23, #24, #25, #26, #27, #31, #32, #33, #34, #35, #41, #42, #43, #44, #45, #47;
  - (ii) the loss of enamel and exposure of dentine on teeth #17, #14, #26, #27, #47, metal on the chewing surface of the crowns on teeth #16, #36, #37, #46, and the fracture on the crown on tooth #15;
- (b) you did not maintain sufficient documentation of and/or specify which teeth and surface(s) had caries, leaking old fillings, abrasion or erosion cavities, and the severity of these conditions;
- (c) you did not maintain sufficient documentation of what investigations you conducted in respect of the above teeth and the results of these investigations (if any) prior to using GIC fillings;
- (d) you did not maintain sufficient documentation of your advice to P2 as to the risks and benefits of using GIC fillings over AR or CR fillings (if any), and why GIC fillings were used as opposed to AR or CR fillings;
- (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.

### **3<sup>rd</sup> CHARGE**

3. That you, Dr Somu s/o Rangaswamy, a registered dentist under the Dental Registration Act 1999, are charged that, between 26 August 2016 and 29 December 2016, whilst practising at KDS, you carried out on your patient, P3, treatment involving GIC fillings, which you knew or ought to have known was not an appropriate form of treatment and/or without adequate evaluation as to whether GIC fillings were appropriate for P3, in breach of Guidelines 4.1.1.1 and/or 4.1.1.5 of the ECEG:

#### **Particulars**

- (a) GIC fillings were used on teeth #17, #15, #14, #21, #24, #25, #26, #27, #31, #32, #33, #34, #35, #36, #37, #38, #41, #42, #43, #44, #45 and #46, and CR fillings were used on teeth #11, #12, #13, #21, #22 and #23;
- (b) GIC was not an appropriate filling material for teeth #14, #15, #17, #24, #25, #26, #27, #34, #35, #36, #37, #38, #44, #45, #46 as:
- (i) P3 demonstrated heavy biting force on these chewing surfaces;

- (ii) unlike AR or CR fillings, GIC exhibits less tensile strength and has poor resistance to abrasion, leading to increased wear and fracture under normal biting forces;
  - (iii) as a result, the intended purpose of a filling fails, and frequent corrective treatment is required as the GIC fillings would dislodge easily;
- (c) GIC is generally not used as a filling material for occlusal surfaces and there must be sufficient justification for the use of GIC over other filling material such as CR or AR;
- (d) there was no evidence or documentation of the clinical justification for the use of GIC fillings for teeth #17, #15, #14, #21, #24, #25, #26, #27, #31, #32, #33, #34, #35, #36, #37, #38, #41, #42, #43, #44, #45, #46;
- (e) a reasonable and competent dentist in your position would have used AR or CR fillings for teeth which experienced higher biting force, loss of enamel and exposure of dentine (as set out at paragraph (b) above) and/or assessed the appropriateness of GIC fillings having regard to the condition of the tooth by conducting a clinical examination and/or relevant investigations such as taking radiographs and/or performing sensibility testing as that is the applicable standard of care;

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.

#### **4<sup>th</sup> CHARGE**

4. That you, Dr Somu s/o Rangaswamy, a registered dentist under the Dental Registration Act 1999, are charged that, between 1 March 2016 and 30 June 2016, whilst practising at KDS, you failed to maintain sufficient records of your care and management of your patient P4, in breach of Guideline 4.1.2 of the ECEG:

#### **Particulars**

- (a) you did not maintain sufficient documentation of:
- (i) the clinical justifications for using GIC fillings for teeth #11, #12, #13, #14, #15, #16, #17, #21, #22, #23, #24, #25, #26, #27, #31, #32, #33, #34, #35, #37, #41, #42, #43, #44, #45, #46;
  - (ii) the loss of enamel and exposure of dentine on teeth #17, #24, #26, #27, #36, and the exposed metal layer on the chewing surface of the crown on tooth #45;
- (b) you did not maintain sufficient documentation and/or specify which teeth and surface(s) had caries, leaking old fillings, abrasion or erosion cavities, and the severity of these conditions;
- (c) you did not maintain sufficient documentation of what investigations you conducted in respect of the above teeth and the results of these investigations

(if any) prior to using GIC fillings;

- (d) you did not maintain sufficient documentation of your advice to P4 (if any) as to the risks and benefits of using GIC fillings over AR or CR fillings, and why GIC fillings were used as opposed to AR or CR fillings;
- (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.

#### **5<sup>th</sup> CHARGE**

- 5. That you, Dr Somu s/o Rangaswamy, a registered dentist under the Dental Registration Act 1999, are charged that, between 16 June 2016 and 1 July 2016, whilst practising at KDS, you carried out on your patient, P5, treatment involving GIC fillings, which you knew or ought to have known was not an appropriate form of treatment and/or without adequate evaluation as to whether GIC fillings were appropriate for P5, in breach of Guidelines 4.1.1.1 and/or 4.1.1.5 of the ECEG:

#### **Particulars**

- (a) GIC fillings were used on teeth #34, #35 and #37;



- (b) GIC was not an appropriate filling material for teeth #34, #35 and #37 as:
  - (i) P5 demonstrated heavy biting force on these chewing surfaces;
  - (ii) unlike AR or CR fillings, GIC exhibits less tensile strength and has poor resistance to abrasion, leading to increased wear and fracture under normal biting forces;
  - (iii) as a result, the intended purpose of a filling fails, and frequent corrective treatment is required as the GIC fillings would dislodge easily;
- (c) GIC is generally not used as a filling material for occlusal surfaces and there must be sufficient justification for the use of GIC over other filling material such as CR or AR;
- (d) there was no evidence or documentation of the clinical justification for the use of GIC fillings for teeth #34, #35 and #37;
- (e) a reasonable and competent dentist in your position would have used AR or CR fillings for teeth which experienced higher biting force, loss of enamel and exposure of dentine (as set out at paragraph (b) above) and/or assessed the appropriateness of GIC fillings having regard to the condition of the tooth by conducting a clinical examination and/or relevant investigations such as taking radiographs and/or performing sensibility testing as that is the applicable standard of care;

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<sup>th</sup> CHARGE**

6. That you, Dr Somu s/o Rangaswamy, a registered dentist under the Dental Registration Act, are charged that, between 6 May 2016 and 2 September 2016, whilst practising at KDS, you carried out on your patient, P6, treatment involving GIC fillings, which you knew or ought to have known was not an appropriate form of treatment and/or without adequate evaluation as to whether GIC fillings were appropriate for P6, in breach of Guidelines 4.1.1.1 and/or 4.1.1.5 of the ECEG:

#### **Particulars**

- (a) GIC fillings were used on teeth #17, #16, #15, #14, #13, #12, #11, #21, #22, #23, #24, #25, #27, #31, #32, #33, #34, #35, #37, #41, #42, #43, and #45;
- (b) GIC was not an appropriate filling material for teeth #17, #16, #15, #14, #34, #35, #37, #45 as:
- (i) P6 demonstrated heavy biting force on these chewing surfaces;
- (ii) unlike AR or CR fillings, GIC exhibits less tensile strength and has poor resistance to abrasion, leading to increased wear and fracture under normal biting forces;

- (iii) as a result, the intended purpose of a filling fails, and frequent corrective treatment is required as the GIC fillings would dislodge easily;
- (c) GIC is generally not used as a filling material for occlusal surfaces, and there must be sufficient justification for the use of GIC over other filling material such as CR or AR;
- (d) there was no evidence or documentation of the clinical justification for the use of GIC fillings for teeth #17, #16, #15, #14, #13, #12, #11, #21, #22, #23, #24, #25, #27, #31, #32, #33, #34, #35, #37, #41, #42, #43, #45;
- (e) a reasonable and competent dentist in your position would have used AR or CR fillings for teeth which experienced higher biting force, loss of enamel and exposure of dentine (as set out in paragraph (b) above) and/or assessed the appropriateness of GIC fillings having regard to the condition of the tooth by conducting a clinical examination and/or relevant investigations such as taking radiographs and/or performing sensibility testing as that is the applicable standard of care;

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<sup>th</sup> CHARGE

7. That you, Dr Somu s/o Rangaswamy, a registered dentist under the Dental Registration Act 1999, are charged that, between 6 May 2016 and 2 September 2016, whilst practising at KDS, you failed to maintain sufficient records of your care and management of your patient P6, in breach of Guideline 4.1.2 of the ECEG:

### Particulars

- (a) you did not maintain sufficient documentation of:
- (i) the clinical justifications for using GIC fillings for teeth #17, #16, #15, #14, #13, #12, #11, #21, #22, #23, #24, #25, #27, #31, #32, #33, #34, #35, #37, #41, #42, #43, #45;
  - (ii) whether GIC or CR fillings were used for teeth #24, #25, #27, #31, #32, #33, #41, and #42;
  - (iii) the patient's pre-existing condition for these teeth and the clinical justifications for using GIC and/or CR fillings on these teeth;
  - (iv) the loss of enamel and exposure of dentine on teeth #13, #25, #27, #43, and the reduced number of teeth to bite;
- (b) you did not maintain sufficient documentation of and/or specify which teeth and surface(s) had caries, abrasion or cervical lesions, and the severity of these conditions;

- (c) you did not maintain sufficient documentation of what investigations you conducted in respect of the above teeth and the results of these investigations (if any) prior to using GIC fillings;
- (d) you did not maintain sufficient documentation of your advice to P6 (if any) as to the risks and benefits of using GIC fillings over AR or CR fillings, and why GIC fillings were used as opposed to AR or CR fillings;
- (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.

### **8<sup>th</sup> CHARGE**

8. That you, Dr Somu s/o Rangaswamy, a registered dentist under the Dental Registration Act 1999, are charged that, between 13 May 2016 and 22 June 2016, whilst practising at KDS, you carried out on your patient, P7, treatment involving GIC fillings, which you knew or ought to have known was not an appropriate form of treatment and/or without adequate evaluation as to whether GIC fillings were appropriate for P7, in breach of Guidelines 4.1.1.1 and/or 4.1.1.5 of the ECEG:

## Particulars

- (a) GIC fillings were used on teeth #16, #15, #14, #13, #12, #11, #21, #22, #23, #24, #25, #26, #31, #32, #33, #34, #35, #36, #41, #42, #43, #44, #45, #46, and #47;
  
- (b) GIC was not an appropriate filling material for teeth #16, #15, #14, #24, #25, #26, #34, #35, #36, #44, #45, #46, #47 as:
  - (i) P7 demonstrated heavy biting force on these chewing surfaces;
  
  - (ii) unlike AR or CR fillings, GIC exhibits less tensile strength and has poor resistance to abrasion, leading to increased wear and fracture under normal biting forces;
  
  - (iii) as a result, the intended purpose of a filling fails, and frequent corrective treatment is required as the GIC fillings would dislodge easily;
  
- (c) GIC is generally not used as a filling material for occlusal surfaces and there must be sufficient justification for the use of GIC over other filling material such as CR or AR;
  
- (d) there was no evidence or documentation of the clinical justification for the use of GIC fillings for teeth #16, #15, #14, #13, #12, #11, #21, #22, #23, #24, #25, #26, #31, #32, #33, #34, #35, #36, #41, #42, #43, #44, #45, #46, #47;

- (e) a reasonable and competent dentist in your position would have used AR or CR fillings for teeth which experienced higher biting force, loss of enamel and exposure of dentine (as set out in paragraph (b) above) and/or assessed the appropriateness of GIC fillings having regard to the condition of the tooth by conducting a clinical examination and/or relevant investigations such as taking radiographs and/or performing conducting sensibility testing as that is the applicable standard of care;

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<sup>th</sup> CHARGE**

9. That you, Dr Somu s/o Rangaswamy, a registered dentist under the Dental Registration Act 1999, are charged that, between 13 May 2016 and 22 June 2016, whilst practising at KDS, you failed to maintain sufficient records of your care and management of your patient P7, in breach of Guideline 4.1.2 of the ECEG:

#### **Particulars**

- (a) you did not maintain sufficient documentation of:
- (i) the clinical justifications for using GIC fillings for teeth #16, #15, #14, #13, #12, #11, #21, #22, #23, #24, #25, #26, #31, #32, #33, #34, #35, #36, #41, #42, #43, #44, #45, #46, #47;

- (ii) the loss of enamel and exposure of dentine on teeth #24, #26, #35, #36, #46;
  
- (b) you did not maintain sufficient documentation of and/or specify which teeth and surface(s) had caries, leaking old fillings, abrasion or erosion cavities, and the severity of these conditions;
  
- (c) you did not maintain sufficient documentation of what investigations you conducted in respect of the above teeth and the results of these investigations (if any) prior to using GIC fillings;
  
- (d) you did not maintain sufficient documentation of your advice to P7 (if any) as to the risks and benefits of using GIC fillings over AR or CR fillings, and why GIC fillings were used as opposed to AR or CR fillings;
  
- (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.

#### **10<sup>th</sup> CHARGE**

10. That you, Dr Somu s/o Rangaswamy, a registered dentist under the Dental



Registration Act 1999, are charged that, between 25 May 2016 and 11 August 2016, whilst practising at KDS, you failed to maintain sufficient records of your care and management of your patient P8, in breach of Guideline 4.1.2 of the ECEG:

Particulars

- (a) you did not maintain sufficient documentation of:
  - (i) the clinical justifications for using GIC fillings for teeth #17, #16, #15, #14, #24, #25, #26, #27, #34, #35, #36, #37, #44, #45, #46, #47; and
  - (ii) the wear facets on teeth #14, #15, #16, #23, #24, #36, #46, #47;
- (b) you did not maintain sufficient documentation of and/or specify which teeth and surface(s) had caries, and the severity of this condition;
- (c) you did not maintain sufficient documentation of what investigations you conducted in respect of the above teeth and the results of these investigations (if any) prior to using GIC fillings;
- (d) you did not maintain sufficient documentation of your advice to P8 (if any) as to the risks and benefits of using GIC fillings over AR or CR fillings, and why GIC fillings were used as opposed to AR or CR fillings;
- (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.

### **11<sup>th</sup> CHARGE**

11. That you, Dr Somu s/o Rangaswamy, a registered dentist under the Dental Registration Act 1999, are charged that, between 20 August 2016 and 19 May 2018, whilst practising at KDS, you failed to maintain sufficient records of your care and management of your patient P9, in breach of Guideline 4.1.2 of the ECEG:

#### **Particulars**

- (a) you did not maintain sufficient documentation of:
- (i) the clinical justifications for using GIC fillings for teeth #17, #16, #15, #14, #24, #25, #26, #27, #34, #35, #36, #37, #44, #45, #46, #47; and
  - (ii) the wear facets on teeth #17, #16, #14, #23, #24, #25, #26, #27, #34, #35, #44, #45, #46;
- (b) you did not maintain sufficient documentation of and/or specify which teeth and surface(s) had caries and the severity of this condition;
- (c) you did not maintain sufficient documentation of what investigations you conducted in respect of the above teeth and the results of these investigations

(if any) prior to using GIC fillings;

- (d) you did not maintain sufficient documentation of your advice P9 as to the risks and benefits of using GIC fillings over AR or CR fillings, and why GIC fillings were used as opposed to AR or CR fillings;
- (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.

### **12<sup>th</sup> CHARGE**

12. That you, Dr Somu s/o Rangaswamy, a registered dentist under the Dental Registration Act 1999, are charged that, between 16 June 2016 and 2 September 2016, whilst practising at KDS, you failed to maintain sufficient records of your care and management of your patient P10, in breach of Guideline 4.1.2 of the ECEG:

#### **Particulars**

- (a) you did not maintain sufficient documentation of:
  - (i) the clinical justifications for using GIC fillings for teeth #18, #17, #16, #15, #14, #24, #25, #26, #27, #28, #34, #35, #36, #37, #44, #45, #46,

#47;

- (ii) the wear facets on teeth #15, #14, #13, #23, #24, #26, #34, #35, #43, #45, #46;
  
- (b) you did not maintain sufficient documentation of and/or specify which teeth and surface(s) were deep pitted and grooved and/or whether any of the pits or grooves had caries, and the extent of caries (if any);
  
- (c) you did not maintain sufficient documentation of what investigations you conducted in respect of the above teeth and the results of these investigations (if any) prior to using GIC fillings;
  
- (d) you did not maintain sufficient documentation of your advice to P10 (if any) as to the risks and benefits of using GIC fillings over AR or CR fillings, and why GIC fillings were used as opposed to AR or CR fillings;
  
- (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.

### AMENDED 13<sup>th</sup> CHARGE

13. That you, Dr Somu s/o Rangaswamy, a registered dentist under the Dental Registration Act 1999, are charged that, between 25 August 2015 and 10 November 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 85 CHAS claims for complex fillings for the following patients even though these were simple Class I or V fillings;
  - (i) for P1: teeth #24, #25, #44, #45;
  - (ii) for P2: teeth #14, #25, #34, #35;
  - (iii) for P3: teeth #14, #15, #34, #35, #37;
  - (iv) for P4: teeth #14, #24, #27;
  - (v) for P5: teeth #34, #35, #37, #44, #45;

- (vi) for P6: teeth #14, #15, #17, #34, #35;
- (vii) for P7: teeth #14, #15, #24, #25, #34, #35, #44, #45, #46, #47;
- (viii) for P10: teeth #14, #15, #16, #17, #18, #24, #25, #26, #27, #28, #34, #35, #36, #37, #44, #45, #46, #47;
- (ix) for P9: teeth #14, #15, #17, #24, #25, #27, #34, #35, #36, #37, #44, #45, #46, #47;
- (x) for P8: teeth #14, #15, #24, #25, #34, #35, #44, #45;

- (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.

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