

PART HEARD IN PRIVATE

Professional Conduct Committee Initial Hearing

22 - 26 September 2025

Name: KAMARA, Abdul
Registration number: 264690
Case number: CAS-209367-N3S2N7

General Dental Council: Mr Tom Stevens, Counsel.
Instructed by Terry Symon, IHLPS

Registrant: Present
Unrepresented

Fitness to practise: Impaired by reason of misconduct

Outcome: Fitness to Practise Impaired. Reprimand Issued

Committee Members: Adrian Smith (Lay) (Chair)
Amita Janda-Dhami (Dentist)
Rajvir Kaur Mattu (Dental Care Professional)

Legal Adviser: Nicola Gordelier

Committee Secretary: Andrew Keeling

CHARGE

Abdul KAMARA, a dentist, BDS University of Plymouth 2016 is summoned to appear before the Professional Conduct Committee on 22 September 2025 for an inquiry into the following charge:

“That being a registered dentist,

1. *Following an appointment with Patient A, on or around 17 March 2022, you invited Patient A into an unused dental room where you:*

- a. *asked Patient A whether she would like to meet up with you and your friend in a Wetherspoon pub;*
- b. *told Patient A that your friend was single.*

2. *On or around 17 March 2022, you obtained Patient A’s telephone number, in order to contact her on WhatsApp, without her permission.*

3. *During the evening of 17 March 2022, you texted Patient A on WhatsApp:*

“Thanks for accepting my friends request :) I thought you might kick off but I’m glad... Watching the apprentice now... before bed soon. What you up to?”

4. *You conduct in Charge 1.a. and/or 1.b. and/or 2. and/or 3. was:*

- a. *Inappropriate;*
- b. *Unprofessional.*

AND that by reason of the matters alleged above your fitness to practise is impaired by reasons of misconduct.”

Mr Kamara,

1. This was a Professional Conduct Committee (PCC) inquiry into the facts which formed the basis of the allegation against you that your fitness to practise is impaired by reason of misconduct.
2. You were present at the hearing but not represented. Mr Tom Stevens, Counsel, appeared on behalf of the General Dental Council (GDC).
3. The hearing was held remotely on Microsoft Teams.

Preliminary Matters

Application for the Hearing to take place in Private

4. At the beginning of the hearing, Mr Stevens made an application for the hearing to take place partly in private pursuant to Rule 53(1) and (2) of the GDC (Fitness to Practise) Rules 2006 (the Rules). Mr Stevens submitted that he was making this application on your behalf as you were not legally represented. He submitted that you may mention matters during your evidence that involve your health and private life, and that it would be appropriate for these to be heard in private. You supported this application. The Committee heard and accepted the advice of the Legal Adviser as to the provisions of the Rules and the approach it should take to its decision.
5. The Committee bore in mind that, as a starting point, hearings should be conducted in public session. However, the Committee determined that the hearing should be held in private when matters in respect of your health and private life are discussed. The Committee therefore accepted Mr Stevens' application.

Your Admissions

6. You informed the Committee that you admitted heads of charge 1(a), 1(b) and 3. You also admitted heads of charge 4(a) and 4(b) insofar as they related to heads of charge 1(a), 1(b) and 3. You denied head of charge 2. The Committee therefore reserved any findings on heads of charge 2, and 4(a) and 4(b) in respect of that charge.

Decision on Admissions (22 September 2025)

7. The Committee noted your admissions and in line with the GDC's '*Guidance on Admissions made at the Preliminary Stage in Fitness to Practise Proceedings*' (issued in October 2022) announced heads of charge 1(a), 1(b) and 3 as found proved. The Committee also found heads of charge and 4(a) and 4(b) proved in respect of heads of charge 1(a), 1(b) and 3.

Background

8. In opening the case for the GDC, Mr Stevens provided the Committee with the background. He submitted that the case concerns your inappropriate and unprofessional conduct towards a patient, Patient A, which you have admitted and the Committee has announced as proved (save for head of charge 2).
9. Mr Stevens stated that the GDC has obtained a witness statement from Patient A, and it relies on her statement to support its case against you. Patient A stated that after her appointment with you on 17 March 2022, you invited her into an unused dental room to initiate future social contact with her. She stated that you asked her whether she would like to meet up with you and your friend at a Wetherspoon pub. You also made reference to your friend being single. You admitted these allegations.
10. Mr Stevens stated that, following your admissions, the only matter in contention is whether Patient A gave you permission to obtain her telephone number to contact her on WhatsApp. You deny this allegation as you believed that Patient A had given you permission.
11. Patient A stated that during the evening of 17 March 2022, you contacted her by text message on WhatsApp. In the message you thanked her for accepting your friend request, you explained that you were currently watching a television programme and you asked what she was up to. You have admitted this allegation. Patient A stated that the message made her uncomfortable and she responded the following day by stating that she wanted to keep the relationship *'strictly professional'*.
12. Patient A stated that she mentioned this incident to a different dentist during a subsequent appointment at the practice and she was encouraged to report this to the practice. On 1 December 2022, Patient A reported this to the practice by email and she stated that she was also told to report the matter to the GDC. Patient A reported this to the GDC on 21 December 2022.

Evidence

13. By way of factual evidence from the GDC, the Committee was provided with a signed witness statement from Patient A, dated 22 April 2025, and exhibited documents. Patient A also gave oral evidence at the hearing.
14. It was agreed between the parties that, as you were unrepresented and due to the sensitive nature of the case, Ms Gordelier, the Legal Adviser, would cross-examine Patient A on your behalf by reading out your written questions.
15. As part of your case, the Committee was provided with your statement titled, *'Reflective Statement & Remediation Summary'* and a copy of your letter to Patient A, dated 15 March 2023. The Committee also heard oral evidence from you.

16. The Committee also received your written submissions, dated 23 September 2025. You explained to the Committee that you were having difficulty reading out your submissions. Therefore, the Committee agreed that the submissions could be provided in writing, without the need for you to read them out, and directed that they be incorporated into the transcript for this hearing.

The Committee’s Findings of Fact

17. The Committee has considered all the oral and documentary evidence presented to it. It took account of the submissions made by Mr Stevens, on behalf of the GDC, and your written submissions, dated 23 September 2025. The Committee heard and accepted the advice of the Legal Adviser. In accordance with that advice, it has considered each head of charge separately, bearing in mind that the burden of proof rests with the GDC and that the standard of proof is the civil standard, that is, whether the alleged matters are found proved on the balance of probabilities.

18. The Committee’s findings in relation to each head of charge are as follows:

1.	<p>Following an appointment with Patient A, on or around 17 March 2022, you invited Patient A into an unused dental room where you:</p> <p>a. asked Patient A whether she would like to meet up with you and your friend in a Wetherspoon pub;</p> <p>Admitted and Found Proved</p> <p>b. told Patient A that your friend was single.</p> <p>Admitted and Found Proved</p>
2.	<p>On or around 17 March 2022, you obtained Patient A’s telephone number, in order to contact her on WhatsApp, without her permission.</p> <p>Found Proved</p> <p>You denied this head of charge. In your written response to the allegation you stated:</p> <p><i>‘I had specifically called Patient A aside in a clinical setting with the intention of suggesting a potential professional networking opportunity, not for personal reasons. During this interaction, she immediately took her phone from her pocket and offered to give me her number (your emphasis), which I had not directly requested. As I did not have my personal phone with me at the time, I instead asked whether I could use</i></p>



*the number already listed in her patient record, and **explicitly sought her verbal consent to do so** (your emphasis).'*

In her witness statement, Patient A stated the following:

'As the Registrant opened the door, he said he would get my number and told me to call the Practice if there were any problems with my teeth. I do not recall my exact reactions, but I may have just looked at him before leaving the room. At no point, did I provide my number or give him permission to take it. I had not written it down, and it did not appear that he had his phone. While I did have my phone with me during this time, I did not take it out at any moment. This led me to believe that he had taken my number off the system. I also did not take his number, I am unaware how the Registrant obtained my personal number.'

The Committee gave careful consideration to both the oral and documentary evidence provided by you and Patient A. The Committee noted that Patient A had been clear and consistent in both her written and oral evidence that she had not given you permission to obtain her telephone number. Patient A had stated that she *'panicked'* when receiving your message and it made her *'feel anxious and uncomfortable'* as she was worried about the impact this may have on her partner. The Committee also noted the WhatsApp message she sent to you a day after receiving your messages in which she stated, *'I think I'd rather keep the relationship strictly professional – dentist/patient'*.

The Committee also gave careful to your oral and documentary evidence. The Committee noted your evidence that you believed Patient A had given you permission. In particular, the Committee noted from your oral evidence that you stated that Patient A had nodded at you and you understood that to mean she had given you permission. However, this is not mentioned in any of your documentary evidence.

The Committee also noted from your oral evidence that you acknowledged that you may have misread the situation and that you sometimes had trouble understanding certain social cues. You also stated that you were keen to know more people in the area to expand your professional network as you had recently settled permanently in the area.

It was clear to the Committee from your evidence that the conversation you had had with Patient A was fairly brief. It appears that Patient A did not specifically refuse to give you her telephone number. However, the Committee considered that this did not amount to Patient A giving you permission. The Committee also noted from Patient A's witness statement that she *'felt visibly anxious'* and *'panicked and confused'*



	<p>during the conversation. Therefore, the Committee considered she may not have been able to properly articulate her refusal to give you her telephone number.</p> <p>The Committee determined that it was more likely than not that you misread the situation and believed that Patient A had given you permission when this was not the case. This is supported by the reliability and consistency of Patient A’s evidence, and the evidence of her WhatsApp message in which she quickly shut down your request for social contact.</p> <p>The Committee also noted your desire to make friends to expand your professional network and your acknowledgement that you sometimes miss social cues in situations. The Committee determined that this likely led to you misjudging the situation and to incorrectly believing that you had permission from Patient A.</p> <p>The Committee found that Patient A had not given you verbal consent or permission to use her telephone number. It found that any assumption on your part that any permission had been given was misconstrued.</p> <p>For these reasons, the Committee determined that it was more likely than not that Patient A had not given you permission to obtain her telephone number.</p> <p>Accordingly, the Committee found this head of charge proved.</p>
<p>3.</p>	<p>During the evening of 17 March 2022, you texted Patient A on WhatsApp:</p> <p><i>“Thanks for accepting my friends request :) I thought you might kick off but I’m glad... Watching the apprentice now... before bed soon. What you up to?”</i></p> <p>Admitted and Found Proved</p>
<p>4.</p>	<p>You conduct in Charge 1.a. and/or 1.b. and/or 2. and/or 3. was:</p> <ul style="list-style-type: none"> a. Inappropriate; b. Unprofessional. <p>Admitted and Found Proved (heads of charge 1(a), 1(b) and 3). Found Proved (head of charge 2)</p> <p>Following your admissions, the Committee considered these heads of charge solely in respect of heard of charge 2.</p>

The Committee noted from your written submissions that you accepted that your conduct was inappropriate:

'Even if she did agree, I now understand that any such "consent" cannot be considered valid in a professional context. The power imbalance in a dentist–patient relationship makes this impossible. The failing is mine.

This was not an act of malice, nor an attempt to deceive. It was a misguided and naïve attempt at professional networking in a new area where I knew few people. I can see now that my effort was misconstrued and, most importantly, inappropriate.'

The Committee accepted your evidence. The Committee considered that you had obtained Patient A's telephone number without permission and had used it to initiate social contact with her. The Committee therefore determined that your conduct was inappropriate and unprofessional.

Stage 2

19. Having announced its decision on the facts, the Committee heard submissions from Mr Stevens, on behalf of the GDC, in relation to the matters of misconduct, impairment and sanction. It also had regard to your written submissions on these matters.
20. The Committee took into account the documents it had received at this stage of the proceedings, which included your Stage 2 bundle. This bundle included your written reflections and Continuing Professional Development (CPD) certificates.
21. The Committee also heard and accepted the advice of the Legal Adviser as to its powers and the approach it should take when considering misconduct, impairment and sanction.
22. The Committee reminded itself that its decisions on misconduct, impairment and sanction are matters for its own independent judgement. There is no burden or standard of proof at this stage of the proceedings. It had regard to its duty to protect the public, declare and uphold proper standards of conduct and competence and maintain public confidence in the profession. Where applicable, the Committee took into consideration the GDC's "*Standards for the Dental Team*" (*'GDC's Standards'*) and the Guidance for the Practice Committees, including Indicative Sanctions Guidance, (October 2016, revised December 2020) (*'GDC's Guidance'*). The Committee also had regard to relevant case law.

Submissions

23. At the outset of his submissions, Mr Stevens informed the Committee that you have no previous fitness to practise history.
24. Mr Stevens submitted that your conduct could properly be regarded as serious and that it amounted to misconduct. He submitted that it involved a significant breach of trust and professional boundaries between you and Patient A, who was left feeling confused and anxious as a result of your behaviour. He referred the Committee to GDC Standards 1.3.2, 1.7 and 9.1.4 as being relevant in this case.
25. In respect of impairment, Mr Stevens submitted that there were two pathways to consider. The first is the personal component, which involves matters of public protection and the risk of repetition of the conduct. The second component involves public interest considerations.
26. In respect of the first component, Mr Stevens informed the Committee that the GDC would remain neutral and would leave it to the judgment of the Committee. However, he submitted that it should be acknowledged that you have no fitness to practice history and that there has been no repeat of this specific behaviour. Furthermore, the lapse of time since the incident (three years), your apology to Patient A, your reflections and the CPD courses you have undertaken should all be noted and weigh in your favour.
27. In respect of the second component, Mr Stevens submitted that your behaviour breached one of the fundamental tenets of the profession, which is the maintenance of trust and professional boundaries between a dentist and a patient. He submitted that it was open to the Committee to conclude that your actions resulted in emotional harm to Patient A and could have compromised her future dental care. In conclusion, he submitted that a finding of impairment was required on public interest grounds to uphold public confidence in the profession and to declare and maintain proper professional standards.
28. In respect of sanction, Mr Stevens submitted that the Committee may conclude that a reprimand would be the most appropriate and proportionate. However, he submitted that if the Committee concluded that a reprimand was insufficient to guard against the wider public interest considerations in this case, then a three-month period of suspension would be appropriate.
29. You provided written submissions at this stage. You stated that you fully accepted that your conduct amounted to misconduct as it was a breach of GDC Standard 9 and GDC Standard 1. You also highlighted the aggravating and mitigating features in this case. In conclusion to your submissions, you stated that:

'This matter represents a serious but isolated lapse in judgment. I have accepted

responsibility, apologised, demonstrated sincere remorse, and undertaken extensive remediation. I have done everything reasonably expected of me and more, from targeted CPD on boundaries to broader courses on ethics, GDPR, and dignity... .

I believe a well-informed member of the public would not be dismayed by the insight I have shown, the rehabilitation I have undertaken, and my compliance with 15 months of NHSE conditions without breach.

In light of the ISG and the GDC's principle of right-touch regulation, I respectfully submit that this case is best resolved with closure by way of advice. Such an outcome would mark the seriousness of the misconduct, protect patients and the public, and uphold confidence in the profession, while recognising my genuine rehabilitation and the very low risk of repetition.'

30. In addition to your written submissions, you informed the Committee that you were unsure whether your case could be closed by way of advice, but you would accept whatever sanction the Committee deemed necessary.

Misconduct

31. The Committee first considered whether the conduct amounted to misconduct. In doing so it had regard to the GDC's Standards. It determined that you had breached the following standards:

1.3.2 You must make sure you do not bring the profession into disrepute.

9.1 Ensure that your conduct, both at work and in your personal life, justifies patients' trust in you and the public's trust in the dental profession.

32. The Committee has found proved that your conduct in obtaining a patient's telephone number without their permission and contacting them on a social basis was inappropriate, unprofessional and a breach of the trust and professional boundaries between a patient and a dentist. The Committee considered that this was conduct that was serious and amounted to professional misconduct.

Impairment

33. The Committee then considered whether your fitness to practise is currently impaired by reason of your misconduct.

34. The Committee considered all of the remediation evidence you provided at this hearing, both documentary and oral. The Committee noted that you apologised to Patient A soon after her concerns were made known to you. In your letter to Patient A, dated 15 March 2023, you stated that, '*I am deeply sorry that there has been an innocent miscommunication and misunderstanding on my part*', and '*Please accept my*

apologies for any discomfort and concern...'. You repeated this apology at this hearing. The Committee noted the impact of the incident on Patient A, who stated that you had caused her emotional distress. The Committee further noted that your actions could have compromised her future dental care at the practice, as Patient A stated that she initially delayed reporting the incident for these reasons. However, it was clear to the Committee throughout these proceedings that you showed genuine remorse for your actions and the impact that this had on Patient A.

35. The Committee had sight of your written reflections and noted that you accepted that your behaviour in breaching professional boundaries was unacceptable and amounted to misconduct. You have also accepted responsibility for your actions. The Committee considered that you have worked hard to understand why you acted in the way you did and to learn appropriate lessons. You also admitted to the majority of the allegations at the outset of the hearing, which further demonstrated to the Committee your acknowledgement and acceptance of wrongdoing.
36. The Committee considered that you have shown significant insight into your actions such that the risk of repetition of your conduct was low. The Committee further noted that the incident took place three years ago and there has been no repetition since. The Committee also noted the CPD courses you have undertaken since the incident, which have been tailored to the concerns in this case. These included courses on '*Consent*', '*Communication Skills*' and '*GDPR (General Data Protection Regulation) and Dentistry*'.
37. For these reasons, the Committee determined that a finding of impairment is not required on public protection grounds
38. However, the Committee was mindful of its role to protect the public interest. The Committee considered that your actions in contacting Patient A without her permission in order to pursue a social relationship abused the trust placed in you by Patient A and breached a fundamental tenet of the profession. Your actions were also capable of bringing the profession into disrepute. The Committee determined that owing to the seriousness of your misconduct, a finding of impairment is required in the wider public interest, to maintain public confidence in the profession and to uphold appropriate standards of conduct among dental professionals.

Sanction

39. The Committee next considered what sanction, if any, to impose on your registration. It recognised that the purpose of a sanction is not to be punitive although it may have that effect. The Committee applied the principle of proportionality balancing your interest with the public interest. It also took into account the *GDC's Guidance*.
40. The Committee considered the mitigating and aggravating factors in this case, as outlined in paragraphs 5.17 and 5.18 in the *GDC's Guidance*.

41. The Committee considered that the mitigating factors in this case included:

- Evidence of good conduct following the incident in question, particularly your remediation evidence;
- Evidence of genuine remorse shown;
- Evidence of significant insight into your behaviour;
- Evidence of an apology given to Patient A;
- Evidence of steps taken to avoid a repetition;
- The fact that the incident was a single, isolated incident;
- Time elapsed since the incident (three years).

42. The Committee considered that the aggravating factors in this case included:

- Risk of harm to Patient A in that you might have compromised her future dental care (the Committee acknowledged that Patient A returned to see you for future dental treatment, however, it also noted her concerns that your actions may have impacted her future dental care);
- Breach of trust in that you contacted Patient A without her permission outside a clinical setting.

43. The Committee decided that it would be inappropriate to conclude this case with no further action. This would not satisfy the public interest considerations or mark the seriousness of your actions given that they amounted to a breach of trust with a patient and a breach of professional standards.

44. The Committee next considered whether it would be appropriate to conclude the case with a reprimand. The Committee had regard to the GDC's Guidance and noted the following:

"A reprimand does not impose requirements on a registrant's practice and should therefore only be used in cases where he or she is fit to continue practising without restrictions. A reprimand might be appropriate if the circumstances do not pose a risk to patients or the public which requires rehabilitation or restriction of practice."

45. Furthermore, the Committee noted from the GDC's Guidance that a reprimand may be suitable where the following factors were present:

- There is no evidence to suggest that the dental professional poses any danger to the public;
- The dental professional has shown insight into his failings;
- The behaviour was an isolated incident;
- The dental professional has genuinely expressed remorse;
- There is evidence that the dental professional has taken rehabilitative steps;
- The dental professional has no previous history.

46. The Committee considered that all these factors were present in this case.

47. Having given the matter careful consideration, the Committee determined that a reprimand is the appropriate sanction to impose in the particular circumstances of this case. The Committee considered that there has been no evidence of repetition of the incident and you have shown significant insight and remorse such that there was a low risk of repetition of your misconduct. The Committee also considered that you do not pose a risk to patients.
48. In all the circumstances, the Committee considered that the issuing of a reprimand was sufficient to mark the seriousness of your misconduct. A reprimand meets the public interest considerations to maintain trust and confidence in the profession and to declare and uphold proper professional standards. The Committee was satisfied that a reasonable informed observer, fully aware of the facts of the case, would consider that the sanction of a reprimand represents a suitable and proportionate disposal.
49. The Committee also considered whether a conditions of Practice Order should be imposed. However, it determined that it was neither necessary nor appropriate. The Committee considered that the seriousness of your misconduct did not warrant such a sanction and it would be difficult to formulate conditions to sufficiently address the public interest considerations.
50. For this reason and for completeness, the Committee considered a sanction of suspension. The Committee had regard to the relevant paragraphs on suspension in the GDC's Guidance, in particular the factors which would make a suspension order appropriate. However, the Committee determined that these factors were not present in your case. There is no evidence of repetition of your behaviour or risk that you would repeat the behaviour; you have shown significant insight and public confidence in the profession would be sufficiently protected by a reprimand for the reasons stated above. The Committee found that a sanction of suspension would be disproportionate.
51. The Committee has therefore determined that a reprimand should be recorded against your name in the Register. The fact of this reprimand, and a copy of this determination, will appear alongside your name in the Register for a period of 12 months. The reprimand forms part of your fitness to practise history and is disclosable to prospective employers and prospective registrars in other jurisdictions.
52. That concludes this hearing.