

PUBLIC HEARING

Professional Conduct Committee Initial Hearing

24 - 28 November 2025
19 February 2026

Name: BANGALORE SHASI, Natesh
Registration number: 117493
Case number: CAS-201534-S3T3R2

General Dental Council: David Patience, Counsel.
Instructed by Rashidah Conroy, IHLPS

Registrant: Not Present
Unrepresented

Fitness to practise: Impaired by reason of misconduct

Outcome: Suspension (with a review)

Duration: 12 months

Immediate order: Immediate suspension order

Committee members: Charlotte Carling (Dental Care Professional) (Chair)
Amit Gadhavi (Dentist)
Alan McCrum (Lay)

Legal adviser: Karen Rea

Committee Secretary: Andrew Keeling

CHARGE

Natesh BANGALORE SHASI, a dentist, Statutory Exam 2007, BDS Bangalore 1998, is summoned to appear before the Professional Conduct Committee on 24 November 2025 for an inquiry into the following charge:

“That being registered as a dentist Natesh Bangalore Shasi’s (117493) fitness to practise is impaired by reason of misconduct.

In that:

1. *At an appointment on 12 April 2022:*

- a. *You asked Patient A “how many previous sexual partners have you had?” or words to that effect, without clinical justification.*
- b. *You asked Patient A multiple questions about personal matters, including questions in relation to:*
 - i. *Where she was from.*
 - ii. *How old she was.*
 - iii. *Whether she had children.*
- c. *On several occasions during the appointment, you asked Patient A to translate the phrase “would you like to go for a coffee?” or words to that effect, into Russian.*
- d. *You failed to provide an adequate standard of care to Patient A, in relation to your radiographic practice, in that:*
 - i. *You prescribed a full Dental Panoramic Tomogram (DPT) without any, or any adequate, clinical justification for doing so.*
 - ii. *You did not assess and/or record your clinical findings in relation to the full DPT, adequately or at all.*
- e. *You informed Patient A, in relation to potential further dental treatment in respect of her other teeth that “If you do it here, it will cost you a lot...but you know what, I work in a private clinic in Birmingham and if you come to me, I can do it for you” or words to that effect.*

2. *Your actions in relation to charges 1a and/or 1b and/or 1c and/or 1e were:*

- a. *Unprofessional.*
- b. *Sexually motivated.*

3. *Your actions in relation to charge 1e were:*

a. *Misleading, in that they were liable to give Patient A the false impression that:*

- i. *The further dental treatment that you were referring to would have been available at the hospital unit she was attending; and/or*
- ii. *She would have to pay for the further dental treatment, if she sought to have it undertaken at the hospital unit and/or at a practice elsewhere.*

b. *Dishonest, in that you intentionally sought to mislead Patient A, as set out in charge 3ai and/or 3aii above, in order to induce her to undertake private dental treatment with you, either for the purposes of making a financial gain or alternatively for the purpose of pursuing a sexual relationship with her.*

4. *In relation to letters sent to you on behalf of the University Hospitals, Coventry and Warwickshire, NHS Trust, concerning their investigation into Patient A's complaint about her appointment with you on 12 April 2022, you failed:*

- a. *to respond in a timely manner to the letter dated 15 July 2022.*
- b. *to respond at all to the letter dated 29 September 2022."*

Determination on preliminary matters – 25 November 2025

Name: BANGALORE SHASI, Natesh

Registration number: 117493

1. This is a hearing before the Professional Conduct Committee (PCC). The hearing is being held remotely using Microsoft Teams in line with the Dental Professionals Hearings Service's current practice.
2. Mr Bangalore Shasi is not present and is not represented in his absence. Mr David Patience of counsel, instructed by the General Dental Council's (GDC's) In-House Legal Presentation Service (IHLPS), appears for the GDC.

The charge

3. The charge that Mr Bangalore Shasi faces at this hearing reads as follows:

'That being registered as a dentist Natesh Bangalore Shasi's (117493) fitness to practise is impaired by reason of misconduct.'

In that:

1. *At an appointment on 12 April 2022:*

- a. *You asked Patient A "how many previous sexual partners have you had?" or words to that effect, without clinical justification.*
- b. *You asked Patient A multiple questions about personal matters, including questions in relation to:*
 - i. *Where she was from.*
 - ii. *How old she was.*
 - iii. *Whether she had children.*
- c. *On several occasions during the appointment, you asked Patient A to translate the phrase "would you like to go for a coffee?" or words to that effect, into Russian.*
- d. *You failed to provide an adequate standard of care to Patient A, in relation to your radiographic practice, in that:*
 - i. *You prescribed a full Dental Panoramic Tomogram (DPT) without any, or any adequate, clinical justification for doing so.*

time of this hearing, as well as the fact that the hearing would be conducted remotely. The notice was sent using the Royal Mail's Special Delivery service. The Royal Mail's Track and Trace service records that the notice was returned to sender on the morning of 20 October 2025. The notice was returned with the information that the addressee has gone away. Copies of the notice were also sent by first class post and email on 16 October 2025. The Committee also noted that the GDC emailed Mr Bangalore Shasi on 17 and 19 November 2025 about this hearing.

5. The Committee accepted the advice of the Legal Adviser. The Committee determined that service of the notice of this hearing has been properly effected in accordance with the Rules.

Proceeding in absence

6. The Committee then went on to consider whether to exercise its discretion to proceed in the absence of Mr Bangalore Shasi in accordance with Rule 54. Mr Patience submitted that it would be appropriate for the Committee to do so.
7. The Committee accepted the advice provided by the Legal Adviser concerning its powers and the principles to which it should have regard. The Committee was mindful that its discretion to conduct a hearing in the absence of a registrant should be exercised with the utmost care and caution. After careful consideration the Committee determined that it would be fair, appropriate and in the interests of justice for it to proceed in Mr Bangalore Shasi's absence. The Committee found that the GDC has made all reasonable efforts to inform Mr Bangalore Shasi of this hearing, and that there has been no response from Mr Bangalore Shasi regarding his attendance at the hearing, despite being asked by the GDC to do so on several occasions, namely on 17 and 19 November 2025. In these circumstances, the Committee has concluded that Mr Bangalore Shasi has voluntarily absented himself from attending the hearing. The Committee considered that an adjournment, which has not been requested, would be unlikely to secure his attendance. The Committee was also mindful of the public interest in the expeditious consideration of this case, and the potential inconvenience that would be caused to the GDC and its witnesses were it not to proceed.

Fairness of hearing a hearsay application

8. The Legal Adviser invited the Committee to consider whether, in light of Mr Bangalore Shasi's email to the GDC on 7 November 2025 to request information about his case and to seek to provide other information such as references, it was content to proceed to consider an application made by the GDC to admit hearsay. The Committee heard from Mr Patience that on 20 November 2025 Mr Bangalore Shasi was informed of the GDC's intention to make this hearsay application, as it was apparent to the GDC by that time that Patient A would not be in attendance at this hearing. This notification included service of the GDC's skeleton argument in which its application for hearsay is set out.

9. The Committee determined that it would be appropriate for it to proceed to consider the hearsay application. The Committee notes that Mr Bangalore Shasi was only put on notice of the GDC's application fairly recently, namely on 20 November 2025. Nevertheless, the Committee considers that this presented sufficient time for Mr Bangalore Shasi to challenge the GDC's application, even by a brief email to alert the GDC to any objection he might have. The Committee noted Mr Bangalore Shasi's email of 7 November 2025, but that it probably referred to his interim orders review hearing on 11 November 2025. By reason of Mr Bangalore Shasi's failure to engage with the GDC since being served with the Notice of Hearing and the chasing emails from the GDC, the Committee concluded that the public interest in the expeditious disposal of this hearing outweighs any of Mr Bangalore Shasi's interests. Thus, for these reasons, the application to allow the hearsay application is granted.

Application to admit hearsay evidence

10. Mr Patience then applied to adduce hearsay evidence, pursuant to Rules 57(1) and (2) of the Rules.
11. The specific evidence that Mr Patience sought to admit was Patient A's written witness statement of 5 December 2024 with accompanying documentary exhibit, consisting of an initial complaint letter dated 2 June 2022. Mr Patience set out the steps that the GDC has taken to attempt to secure Patient A's attendance at this hearing for the purposes of adducing oral evidence from her, and stated that the GDC has unfortunately not been able to secure her attendance. The Committee heard that Patient A had engaged with these proceedings until May 2025. However, Patient A emailed the GDC on 4 November 2025 to state that, after consideration, she would not participate in this hearing further. In summary, Patient A stated that she wished to put the matter behind her, and she did not want to re-live matters from which she has sought to recover.
12. Mr Patience invited the Committee to admit Patient A's written evidence as hearsay evidence, and submitted that it would be fair and in the public interest to do so. In support of his application Mr Patience cited the cases of *R (on the application of Bonhoeffer) v GMC* [2011] EWHC 1585 (Admin), *Thorneycroft v NMC* [2014] EWHC 1565 (Admin), *Ogbonna v NMC* [2010] EWHC 272 and *Ogbonna v NMC* [2010] EWCA Civ 1216.
13. The Committee accepted the advice of the Legal Adviser concerning its powers and the principles to which it should have regard.
14. The Committee has determined to accede to the application to admit Patient A's hearsay evidence. The Committee noted that Patient A's evidence is the sole and decisive evidence in relation to the majority of the heads of charge that Mr Bangalore Shasi faces. The Committee concluded that Patient A's witness statement, which will

be produced in her absence as part of the GDC's case against Mr Bangalore Shasi, can be compared to Mr Bangalore Shasi's statements and emails as well as the remainder of the evidence when the Committee is considering the facts in stage one. The Committee is mindful that it would have been open to Mr Bangalore Shasi to attend this hearing to challenge the evidence. The Committee will of course nonetheless give careful consideration as to what weight to place on Patient A's evidence once it has been properly directed on the law. In the Committee's judgment, Patient A's explanation for her absence seems to be logical, given the time that has elapsed since she first complained about Mr Bangalore Shasi's conduct. This was despite a lack of any medical evidence, such as would be relevant to her comments in her email of 4 November 2025 to the GDC. The Committee also found that the GDC has made reasonable efforts to secure Patient A's attendance. The Committee also considers that the matters to which the hearsay evidence relates to are serious, and the Committee is again mindful of the public interest in the consideration of these important matters. For these reasons, the Committee considers that it would be fair and in the interests of justice to admit Patient A's hearsay evidence.

15. The hearing then proceeded to the factual inquiry.

Determination on facts – 28 November 2025

Name: BANGALORE SHASI, Natesh

Registration number: 117493

Case background

16. Mr Patience set out the background to Mr Bangalore Shasi's case. This was in relation to Mr Bangalore Shasi's conduct towards Patient A, who is a female patient, during an outpatient appointment on 12 April 2022 in the NHS Dental department at University Hospitals Coventry and Warwickshire NHS Trust (NHS Trust). At that time Mr Bangalore Shasi was working as part of the Maxillofacial Team at Coventry hospital as a locum specialist registrar supplied by an agency. He worked at the hospital between 31 January and 29 April 2022 and again between 2 May and 3 July 2022.

17. Patient A had been referred to the hospital by her General Dental Practitioner (GDP) on 30 December 2021 because they considered her LR8 tooth, which was carious, was unrestorable and may need extraction. However, they also considered it was in close proximity to the Inferior Dental canal and therefore felt that it may need to be undertaken under general anaesthetic. They therefore referred Patient A to the hospital, asking them to assess her and to take a 3D scan.

18. Patient A attended an appointment at the hospital on 12 April 2022 where she was seen by Mr Bangalore Shasi. Mr Bangalore Shasi recorded in the clinical notes that LR8 was "carious" and appeared "close to the IDN" (Inferior Dental Nerve) with "*plan CBCT*"

The notes go on to state “CBCT close to ION” and “advised coronectomy... patient wanted time to think about surgery/coronectomy.”

19. Mr Bangalore Shasi sent a letter dated 12 April 2022 to Patient A's GDP which states *“Examination today revealed that the LR8 is carious and we did do an OPG and a cone beam CT which revealed that the ID nerve was in close proximity to the LR8. We have informed the patient that there is a slightly higher risk of nerve injury to perform the complete removal of the tooth so the patient prefers to have some time to think about the surgery, so hence we have made an appointment in two months' time.”*

20. Patient A was unhappy with what had happened at the appointment and she submitted a complaint via the online NHS complaint email address. Patient A also provided a witness statement to the GDC. In the NHS complaint Patient A alleges that on arrival at the hospital she was taken into a small room and her appointment with Mr Bangalore Shasi began. She alleges that Mr Bangalore Shasi started by asking her 4 questions – “Do you smoke? Do you drink alcohol? Do you take drugs?” She then alleges that Mr Bangalore Shasi asked her “how many previous sexual partners have you had?” Patient A describes feeling alarmed by that question and continued to feel uneasy as the appointment progressed.

21. Patient A set out in her complaint that Mr Bangalore Shasi then asked her where she was from and whether she was Russian. When Patient A explained she was from Lithuania but that she did speak some Russian, it is said that Mr Bangalore Shasi asked her to translate various phrases into Russian, including ‘would you like to go for a coffee,’ which he asked her to repeat three times.

22. Patient A describes Mr Bangalore Shasi's behaviour as being unprofessional and flirtatious. She asserted that Mr Bangalore Shasi then asked her to open her mouth so that he could see her tooth, unnecessarily she felt, as he was sitting some distance from her and so was unlikely to be able to see her wisdom tooth. Patient A describes Mr Bangalore Shasi as being approximately two meters away from her whilst he asked her to keep her mouth wide open.

23. On Patient A's account, she went for a 3d scan on her teeth. When she returned, Mr Bangalore Shasi confirmed that the tooth was near to the nerve but then went on to say that Patient A had problems with her other teeth. Patient A asserted that Mr Bangalore Shasi said words to the effect that if she had treatment at the hospital, it would cost her a lot but that he ran a private clinic in Birmingham and if she came to him there, he could do it for her. She declined.

24. Patient A also asserts that when discussing the possible treatment options for the LR8, Mr Bangalore Shasi asked her how old she was and when she told him how old she was, Mr Bangalore Shasi commented that she looked young and asked if she had children. Patient A says that by this point, she wanted the appointment to end as she had lost trust in Mr Bangalore Shasi as a professional. On Patient A's account, she said that

she wanted to think about the options more before she decided what to do and asked for another appointment in the hope she would have a different dentist.

25. Mr Bangalore Shasi subsequently booked another appointment for Patient A for 20 June 2022 and told her she would receive a letter regarding it and as she was leaving, asked her again to translate the phrase 'let's go for a coffee' into Russian.

26. Patient A was unhappy with what had happened at the appointment. After she left the hospital, she attempted to make a complaint, firstly by calling the hospital and then subsequently by calling the assistant of the consultant who was named on the initial appointment letter she had received. When her efforts were unsuccessful Patient A subsequently emailed the consultant directly, albeit she discovered that she had used an incorrect email address. In due course, having received no response, Patient A submitted a complaint on 2 June 2022 (some six weeks after the appointment) via an online NHS complaint email address.

27. After Patient A's complaint was received, the Trust began to investigate the matter. The Deputy Chief Medical Officer at the Trust and a Consultant Maxillofacial Surgeon at the Trust provided witness statements to the GDC regarding the Trust's investigation. In short, the Trust sent Mr Bangalore Shasi a letter dated 15 July 2022, notifying him of the complaint received from Patient A and asked him to provide a detailed response to the complaint within 5 days.

28. Due to the lack of response from Mr Bangalore Shasi, the Trust therefore contacted the locum agency on 15 July 2022 to clarify his email and home address in order to write to him in relation to a complaint. On 22 July 2022, still no response was received from Mr Bangalore Shasi. The Trust then asked the locum agency to contact Mr Bangalore Shasi to advise him that the Trust required a response. There followed various emails/letters from the Trust to Mr Bangalore Shasi chasing him for a response to Patient A's complaint. It was later clarified that the Trust had the correct email address of Mr Bangalore Shasi.

29. On 19 August 2022 Mr Bangalore Shasi emailed the Trust in response to the email dated 22 July 2022, stating that he had not received any correspondence.

30. On 24 August 2022 the Trust referred the matter to the GDC.

31. On 28 September 2022 Mr Bangalore Shasi sent an email to the Trust with his response to the complaint. In short, Mr Bangalore Shasi denied the allegations and maintained that he had behaved professionally at the Trust and had treated patients with respect and dignity.

32. On 29 September 2022 the Trust sent a further letter to Mr Bangalore Shasi, in which the Trust acknowledged his response. The letter advised that the GDC had requested that the Trust carry out an investigation into the matter. It further advised that the response provided by Mr Bangalore Shasi was not sufficient and set out further

questions to which his response was required by 7 October 2022. Mr Bangalore Shasi did not respond and a reminder email was issued, with a revised deadline of 26 October 2022.

33. On 2 November 2022 the Trust sent a letter to the GDC to confirm that no further response had been received by the Trust from Mr Bangalore Shasi.

34. On 20 February 2023 Mr Bangalore Shasi emailed the Trust and stated “I found your document today. Could you please resend it again as the deadline has expired.” The Trust subsequently responded to Mr Bangalore Shasi to advise him that he should now liaise directly with the GDC.

GDC’s Evidence

35. The Committee received witness statements from the following witnesses on behalf of the GDC: Deputy Chief Medical Officer at the Trust (witness statement dated 26 November 2024) as well as the Consultant Maxillofacial Surgeon at the Trust (witness statement dated 27 November 2024). They also gave oral evidence before the Committee. The Committee notes that the main thrust of their evidence concerns the background to Patient A’s referral to the Trust as well as its investigation into Patient A’s complaint about Mr Bangalore Shasi.

36. The Committee also received a signed witness statement dated 5 December 2024 from Patient A, which was admitted following a successful hearsay application made by the GDC at the start of the hearing. The Committee has borne in mind that Patient A’s evidence appears to be disputed by Mr Bangalore Shasi. It has also borne in mind that it has not had the benefit of hearing oral evidence from Patient A and therefore her evidence has not been tested. The Committee has therefore considered whether her evidence is consistent with or supported by other documents, including Patient A’s complaint to the NHS as well as Mr Bangalore Shasi’s clinical notes of the consultation.

37. The Committee also received a report dated 6 December 2024 from Professor Brook, the GDC’s Expert instructed in this case. Professor Brook also produced an addendum report dated 10 February 2025 following receipt of the CBCT scan dated 12 April 2022 which had been supplied by the GDC. The Committee also received oral evidence from Professor Brook. The Committee notes that Professor Brook is a specialist in oral surgery and oral medicine.

The Registrant’s case

38. The Committee is aware that Mr Bangalore Shasi has chosen not to participate at these proceedings or provide a signed witness statement containing a declaration of truth. The Committee has not drawn any adverse inference by Mr Bangalore Shasi’s non-attendance.

39. The Committee has, however, received written material from Mr Bangalore Shasi in the form of emails that he has sent to the GDC. In short, has denied the allegations against him.

Findings of fact

40. The Committee has considered all the evidence presented to it, both documentary and oral.

41. The Committee has taken account of the submissions made by Mr Patience on behalf of the GDC. The Committee has accepted the advice of the Legal Adviser.

42. The Committee has borne 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 factual allegation is proved on the balance of probabilities. Mr Bangalore Shasi need not prove anything. The Committee has been informed that Mr Bangalore Shasi is of good character in that he has no previous fitness to practise history.

43. In respect of the allegation of sexually motivated conduct, the Committee has approached this on the basis of the test set out in the case of *Haris v GMC* [2021] EWCA Civ 763. The case held that, irrespective of the charge invoking the issue of ‘*sexual motivation*’, the Committee should look for inference or deduction from the evidence to determine if the conduct under scrutiny was determinative, or obvious, sexual conduct. It should take into account the evidence of the complainant, the Registrant and all surrounding evidence to establish their states of mind. It should also take into account any alternative explanation that, on the balance of probabilities, could place the alleged conduct away from that of sexual conduct.

44. In respect of the allegation of dishonesty, the Committee has applied the legal test for dishonesty, as set out in the case of *Ivey v Genting Casinos (UK) Ltd t/a Crockfords* [2017] UKSC.

45. The Committee has made the following findings:

1a	<p><i>At an appointment on 12 April 2022: You asked Patient A “how many previous sexual partners have you had?” or words to that effect, without clinical justification</i></p> <p><i>Found proved</i></p> <p>The Committee has taken into account the reasons for Patient A’s referral. Patient A was referred to the hospital by her GDP on 30 December 2021 because the GDP considered her LR8 tooth, which was carious, was unrestorable and may need extraction. However, they also considered it was in close proximity to the Inferior Dental canal and therefore felt that it</p>
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may need to be undertaken under general anaesthetic. They therefore referred Patient A to the hospital, asking them to assess her and to take a 3D scan.

Patient A also understood that the purpose of the appointment was because she had been in pain around her wisdom tooth and that she was advised by her GDP that a referral was made to the hospital to have a 3D photograph and to see how close the nerve was to the wisdom tooth.

The Committee has borne in mind that Patient A was not present at the hearing. However, in her detailed written complaint to the NHS, dated 2 June 2022 and, therefore, relatively close to the events of 12 April 2022, she was clear that Mr Bangalore Shasi had asked her how many previous sexual partners she had had. Patient A confirmed this position in her witness statement for the GDC, signed and dated 5 December 2024. In that statement Patient A recollected that she asked Mr Bangalore Shasi “do you want me to count?”.

The Committee concluded that Mr Bangalore Shasi’s accounts as to what took place were confusing on this matter. In his email dated 28 September 2022 Mr Bangalore Shasi talks in general terms about possibly wanting to explain about ‘*HPV induced cancer*’. In his email dated 13 March 2024 Mr Bangalore Shasi attached a BBC news article and other screenshots about HPV and mouth/cervical cancer. In his email dated 24 October 2025 to the GDC Mr Bangalore Shasi stated that he denies asking Patient A about her sexual partners.

The Committee notes that there is no record in Mr Bangalore Shasi’s notes of the consultation to indicate that he has undertaken oral cancer screening, which it would have expected had questions relating to HPV been asked. It has also borne in mind that Patient A was referred by her GDP in relation to pain around her LR8 wisdom tooth and suggested extraction under general anaesthetic. The Committee further noted that the GDP requested a “*3d scan of the LR8*”.

The Committee is satisfied that Patient A’s account in her more recent complaint to the NHS is consistent with that set out in her later signed witness statement to the GDC. Furthermore, in the Committee’s judgement, there is nothing that emerges from the evidence to suggest that Patient A had an ulterior motive to get Mr Bangalore Shasi into trouble.

It has also borne in mind Patient A’s evidence that having been in some pain or discomfort relating to her LR8 tooth she declined to proceed with the treatment, despite having waited four and a half months’ for the



appointment. In addition, the Committee has had regard to Patient A's account of the significant steps she took to try and contact the relevant department at the hospital to request a different dentist. Accordingly, for these reasons, the Committee considered that Patient A's account on this matter was more credible despite being hearsay evidence and not having been tested by questions. The Committee placed sufficient evidence on her written evidence on this issue to be able to conclude that the events she described here were more likely than not to have taken place.

The Committee has also had regard to the evidence of the Consultant Maxillofacial Surgeon at the Trust. He set out in his witness statement as follows: *"I have been asked by the GDC whether there was a Trust protocol to ask a patient about their sexual history as part of an oral cancer screen during a wisdom tooth appointment, and I can confirm that there is no such protocol"*. He confirmed the content of his witness statement as being true and accurate in his oral evidence.

Professor Brook's evidence was that if Patient A was asked by Mr Bangalore Shasi about previous sexual partners as part of taking a medical history for assessment of a wisdom tooth there was no reasonable justification. The Committee is satisfied on the balance of probabilities that Mr Bangalore Shasi asked Patient A about previous sexual partners and it accepts Professor Brook's evidence on this matter as credible in relation to there being no reasonable justification for Mr Bangalore Shasi's comment. The Committee concluded that *"no reasonable justification"* is synonymous with no clinical justification. The Committee noted that Professor Brook's role in this hearing is as an expert witness in the relevant field of dentistry which included clinical issues.

Accordingly, for the reasons set out above, the Committee finds the charge proved.

1bi

*You asked Patient A multiple questions about personal matters, including questions in relation to:
Where she was from.*

Found not proved

Patient A's evidence, as set out in her complaint to the NHS, was that Mr Bangalore Shasi asked her where she was from and asked if she was Russian. On her account, Patient A responded by telling Mr Bangalore Shasi that she was Lithuanian. This account is supported by Patient A's witness statement to the GDC. In that statement Patient A states that Mr



	<p>Bangalore Shasi asked her where she was from, to which she responded that she was from Lithuania.</p> <p>Mr Bangalore Shasi provided no response to this allegation and there is no record of Patient A's response in the clinical records. The Committee concluded that Patient A's evidence was credible and consistent on this point.</p> <p>However, the Committee had no evidence from the GDC before it to indicate that this was anything other than standard questioning within a clinical dental setting.</p> <p>Accordingly, it finds this charge not proved.</p>
1bii	<p><i>How old she was</i></p> <p><i>Found not proved</i></p> <p>Patient A's evidence, both in her complaint to the NHS and in her witness statement for the GDC, was that Mr Bangalore Shasi asked her "how old are you", to which she replied to him that she was aged 37.</p> <p>Mr Bangalore Shasi provided no response to this allegation. However, there is an entry in Mr Bangalore Shasi's notes of the consultation which records the patient's age as "37" and therefore suggests that there was a discussion about Patient A's age.</p> <p>However, the Committee had no evidence from the GDC before it to indicate that this was anything other than standard questioning within a clinical dental setting.</p> <p>Accordingly, it finds this charge not proved.</p>
1biii	<p><i>Whether she had children</i></p> <p><i>Found not proved</i></p> <p>In Patient A's complaint to the NHS she stated that Mr Bangalore Shasi asked her if she had children. In Patient A's witness statement to the GDC she set out that following on from the question about her age Mr Bangalore Shasi said to her "oh you probably have one child at this age."</p> <p>Mr Bangalore Shasi provided no response to this allegation. The Committee concluded that Patient A's evidence was credible and consistent on this point.</p>



	<p>However, the Committee had no evidence from the GDC before it to indicate that this was anything other than standard questioning within a clinical dental setting.</p> <p>Accordingly, it finds this charge not proved.</p>
1c	<p><i>On several occasions during the appointment, you asked Patient A to translate the phrase “would you like to go for a coffee?” or words to that effect, into Russian.</i></p> <p><i>Found not proved</i></p> <p>In Patient A’s complaint to the NHS she set out that during the appointment, Mr Bangalore Shasi asked Patient A to translate the phrase “would you like to go for a coffee?” or words to that effect, into Russian. She maintained that Mr Bangalore Shasi asked her to repeat this three times.</p> <p>Patient A also maintained that position in her witness statement to the GDC. Her evidence was that Mr Bangalore Shasi “must have asked me to repeat it around five to seven times throughout the appointment, which I did.”</p> <p>The Committee has had regard to Mr Bangalore Shasi’s response to this allegation, as set out in his email dated 28 September 2022. His position is that if the patient had been asked to go for an x-ray and he had been asked to attend a different commitment elsewhere in the hospital, then a suggestion may have been made to have a drink/coffee at Costa’s (sic) or Starbucks in the hospital at one time period. He also set out that if he/the patient was wearing a mask then the patient may have been a difficulty in the patient hearing the instruction.</p> <p>The Committee has borne in mind that unlike other allegations, Mr Bangalore Shasi has provided an explanation.</p> <p>The Committee has taken into account the context in which the exchange could have taken place. The Committee has concluded that it is a reasonable inference to draw that Mr Bangalore Shasi may have invited the patient to go and get a coffee and that she may have misunderstood the instructions.</p> <p>The Committee took into consideration that Mr Bangalore Shasi is of good character and that his alternative explanation of Patient A mis-hearing him</p>



	<p>and/or mis-understanding him because of language differences, was sufficient to weigh the balance in his favour. For these reasons, the Committee determined that, on the balance of probabilities, the GDC has not proved this charge to the standard required.</p>
1di	<p><i>You failed to provide an adequate standard of care to Patient A, in relation to your radiographic practice in that:</i></p> <p><i>You prescribed a full Dental Panoramic Tomogram (DPT) without any, or any adequate, clinical justification for doing so.</i></p> <p>Found proved</p> <p>Patient A was referred for treatment for the LR8. The Committee inferred that it is likely that Mr Bangalore Shasi prescribed a full DPT given that he has recorded “OPG” and “CBCT” on Patient A’s notes. The Committee had also had regard to Mr Bangalore Shasi’s letter dated 12 April 2022 to Patient A’s GDP which states “we did do an OPG and a cone beam CT”.</p> <p>However, Professor Brook’s evidence was that prescribing a full DPT scan was not clinically justified and exposed the patient to unnecessary radiation. He also stated that this is especially so, as the referring GDP had already taken and provided a partial DPT of the required area.</p> <p>The Committee accepts Professor Brook’s evidence on this matter as credible.</p> <p>Accordingly, the Committee finds this charge proved.</p>
1dii	<p><i>You did not assess and/or record your clinical findings in relation to the full DPT, adequately or at all.</i></p> <p>Found proved</p> <p>Professor Brook’s evidence was that “the LR8 was not, from the DPT radiographs available to the registrant, in a significantly close relation to the inferior dental canal (which contains the inferior dental nerve and other structures), as judged by the standard criteria for assessing close proximity of a wisdom tooth roots to the inferior dental canal”. He goes on to say, “failure to adequately assess and/or record the findings of the DPT radiographs and thus justify taking a CBCT scan fell far below standard”.</p> <p>The Committee notes that Mr Bangalore Shasi has recorded, “OPG, CBCT... multiple carious teeth” at the top of Patient A’s notes dated 12 April 2022.</p>



	<p>The Committee has accepted as credible Professor Brook’s evidence on this.</p>
1e	<p><i>You informed Patient A, in relation to potential further dental treatment in respect of her other teeth that “if you do it here, it will cost you a lot...but you know what, I work in a private clinic in Birmingham and if you come to me, I can do it for you” or words to that effect.</i></p> <p>Found not proved</p> <p>The Committee has had regard to Patient A’s evidence on this matter. In her written complaint to the NHS dated 2 June 2022 Patient A stated on being advised by Mr Bangalore Shasi that she had an infection in another two teeth she said that she would need to get them treated. Patient A’s account was that Mr Bangalore Shasi replied to her by saying “<i>you do not know it will cost you a lot?</i>”. However, there is no reference to Mr Bangalore Shasi’s stating that he had a private clinic in Birmingham</p> <p>The Committee has borne in mind that the first time Patient A refers to the private clinic in Birmingham is in her witness statement to the GDC dated 5 December 2024. In that witness statement Patient A states Mr Bangalore Shasi told her that she had more teeth which needed treating and told her “<i>if you do it here it will cost you a lot... but you know what, I work in a private clinic in Birmingham and if you come to me, I can do it for you.</i>”</p> <p>The Committee considers that given the absence of any reference to the private clinic in Birmingham in Patient A’s original complaint dated June 2022 and the first mention of it being in her witness statement to the GDC dated December 2024, over two and half years later, the Committee considered that, without an opportunity of questioning Patient A, relying on her hearsay written evidence, was unsafe.</p> <p>To that end, the Committee gave this part of her evidence less weight than other parts of it. Therefore, the Committee is not satisfied that the GDC has proved this charge to the requisite standard.</p> <p>Accordingly, for these reasons, it finds this charge not proved.</p>
2	Your actions in relation to charges 1a and/or 1b and/or 1c and/or 1e were:
2a	<p><i>Unprofessional</i></p> <p>Found proved in relation to charge 1a</p>



	<p>The Committee is satisfied that Mr Bangalore Shashi lacked clinical judgement in asking the question set out at charge 1a. Professor Brook's evidence was that if Patient A was asked about previous sexual partners as part of taking a medical history for an assessment of a wisdom tooth, there was no reasonable justification for this. The Committee accepted Professor Brook's evidence on this matter.</p> <p>Found not proved in relation to 1bi, 1bii and 1biii, given that it has found these individually not proved as to the facts.</p> <p>Found not proved in relation to 1c, given that it has found this not proved as a fact .</p> <p>Found not proved in relation to 1e, given that it has found this not proved as a fact.</p>
2b	<p>Sexually motivated</p> <p>Found proved in relation to 1a</p> <p>In reaching its decision, the Committee has borne in mind its finding that Mr Bangalore Shashi asked Patient A about how many previous sexual partners she had without any clinical justification. The Committee has taken into account the context in which this question was asked – Patient A and Mr Bangalore Shashi were the only two people in the consultation room. The Committee took into consideration that in Patient A's evidence in her original complaint to the Trust she stated that, <i>"He... then continued with the 4th question being, "how many previous sexual partners have you had?". This questioned alarmed me, as I did not feel it was relevant or appropriate to my care regarding my wisdom tooth..."</i>. The Committee noted that she added that she, <i>"felt unsafe and vulnerable...but I feel uneasy and anxious about returning."</i> The Committee further noted that in her complaint document, Patient A said, <i>"I felt this behaviour was unprofessional; and flirtatious..."</i>. Thus, the Committee determined that Patient A's hearsay evidence of what she had informed the Trust in June 2022 to be credible on this issue, despite not having being tested by questions.</p> <p>However, the Committee noted within Patient A's witness statement prepared for the GDC on 5 December 2024 that Patient A pays regard to the effect that the appointment had on her. The Committee had considerable concerns that this part of her account has been given two and a half years after her initial account of this aspect of the case. In addition, the Committee has taken into account that no questions could</p>



	<p>have been asked of Patient A as she has not attended the hearing and that memories closer in time to the event are likely to be more reliable than later, the principle that underpins hearsay evidence. Therefore, the Committee has given this evidence in Patient A's witness statement on this matter less weight than the earlier account she had given about it to the Trust. In the Committee's judgement, in this case on this particular point, time has had the effect of magnifying the impact the appointment had on her, which was more accurately reflected in her initial account to the Trust.</p> <p>The Committee has considered whether there was an alternative explanation for Mr Bangalore Shasi asking Patient A regarding how many previous sexual partners she has had. The Committee did not find Mr Bangalore Shasi's alternative explanation of HPV in relation to cancer screening credible. In the Committee's judgement, there would be no logical reason to bring up the number of Patient A's sexual partners in a case involving presentation of pain and the potential extraction of her wisdom tooth as outlined in the GDP referral. Patient A had not been referred for any cancer screening and, thus, in the Committee's judgement, the question was entirely unnecessary. Therefore, the Committee has concluded that there is no reasonable explanation for Mr Bangalore Shasi asking Patient A the question other than the account provided by Patient A.</p> <p>Accordingly, for the reasons set out, the Committee finds this charge proved.</p> <p>Found not proved given that the Committee found charges 1bi, 1bii, 1biii and 1c not proved.</p>
3ai	<p><i>Your actions in relation to charge 1e were:</i></p> <p><i>Misleading in that they were liable to give Patient A the false impression that the further dental treatment that you were referring to would have been available at the hospital unit she was attending; and/or</i></p> <p><i>Found not proved given that the Committee found charge 1e not proved</i></p>
3aai	<p><i>She would have to pay for the further dental treatment, if she sought to have it undertaken at the hospital unit and/or at a practice elsewhere.</i></p> <p><i>Found not proved given that the Committee has found charge 1e not proved</i></p>



3b	<p><i>Dishonest, in that you intentionally sought to mislead Patient A, as set out in charge 3ai and/or 3aii above, in order to induce her to undertake private dental treatment with you, either for the purposes of making a financial gain or alternatively for the purpose of pursuing a sexual relationship with her.</i></p> <p>Found not proved given that the Committee found charges 3ai and/or 3aii not proved</p>
4a	<p><i>In relation to letters sent to you on behalf of the University Hospitals, Coventry and Warwickshire, NHS Trust, concerning their investigation into Patient A's complaint about her appointment with you on 12 April 2022, you failed to respond in a timely manner to the letter dated 15 July 2022</i></p> <p>Found proved</p> <p>The Committee is satisfied from the evidence before it that Patient A made a complaint to the NHS on 2 June 2022. The Trust sent a letter to Mr Bangalore Shasi's home address dated 15 July 2022 asking him to provide a full response to Patient A's complaint within five days.</p> <p>Despite repeated emails by the Trust chasing his response, Mr Bangalore Shasi did not reply to the Trust until 19 August 2022, a month later, in which he stated that he had not received any correspondence. Mr Bangalore Shasi makes reference to some personal matters in his eventual email to the Trust of 28 September 2022. However, he did not provide further details as to the dates involved in the person matters and the reasons why this caused a delay in his responses to the Trust.</p> <p>Professor Brook set out the GDC's Standards for the dental team, which are relevant in this matter – namely standard 9.4 – which states that a dentist must co-operate with any relevant formal or informal enquiry, standard 5.3.2 which states that a dentist must give patients who complain a prompt and constructive response and standard 5.3.4 which states that a dentist must respond to complaints within the time limits set out in any complaint procedure. The Committee is satisfied from the credible evidence of Professor Brook on this issue that Mr Bangalore Shasi had a duty to engage with Patient A's complaint in a timely manner and that he failed to do so.</p> <p>The Committee has concluded from the evidence that Mr Bangalore Shasi failed in his duty to comply with the GDC's Standards for the dental team, as set out above in that he did not take steps to update his postal address (if that were the issue) and/or did not deal with the email correspondence</p>



	<p>that was sent to him by the Trust (alerting him to the existence of the letter with sufficient promptness, given the urgency that was made clear to him in that correspondence.</p> <p>Accordingly, for these reasons, the Committee finds this charge proved.</p>
4b	<p><i>to respond at all to the letter dated 29 September 2022</i></p> <p>Found proved</p> <p>The Committee notes that the letter dated 29 September 2022 from the Trust to Mr Bangalore Shasi, sent by email on 30 September 2022, specifically outlines questions which he was required to respond to by 7 October 2022. On 21 October 2022 the Trust sent an email to Mr Bangalore Shasi, requesting a response by 26 October 2022.</p> <p>The Committee notes that on 20 February 2023 Mr Bangalore Shasi eventually sent an email to the Trust, asking for the letter to be re-issued. However, he did not provide a substantive response at that time, as had been requested by the Trust on several occasions.</p> <p>Professor Brook set out the GDC's Standards for the dental team, which are relevant in this matter – namely standard 9.4 – which states that a dentist must co-operate with any relevant formal or informal enquiry, standard 5.3.2 which states that a dentist must give patients who complain a prompt and constructive response and standard 5.3.4 which states that a dentist must respond to complaints within the time limits set out in any complaint procedure. The Committee is satisfied from the credible evidence of Professor Brook on this issue that Mr Bangalore Shasi had a duty to respond to the letter of 29 September 2022 and that he failed to do so.</p> <p>Accordingly, for these reasons, the Committee finds this charge proved.</p>

46. The hearing moves to Stage Two.

47. On 28 November 2025, having announced its decision on the facts found proved in this case, the Committee moved to Stage 2 of the hearing. At Stage 2, the Committee considered whether the facts found proved amounted to misconduct and, if so, whether Mr Bangalore Shasi's fitness to practise is currently impaired by reason of his misconduct, and if so, what sanction, if any, should be imposed. In accordance with Rule 20 of the GDC Rules, the Committee heard submissions from Mr Patience on these matters (summarised below). Mr Patience also provided the Committee with his submissions in

writing. The Committee heard and accepted the advice from the Legal Adviser on all these matters.

48. The hearing was then adjourned part-heard on 28 November 2025 as there was insufficient time to conclude the case within the allotted time.

49. The hearing subsequently resumed on 19 February 2026. Mr Bangalore Shasi continued to be absent from the hearing and was not represented in his absence. Mr David Patience, Counsel, appeared on behalf of the GDC. The hearing was conducted remotely on Microsoft Teams.

Summary of the Committee's Findings of Fact

50. The Committee had found proved that during an appointment with Patient A on 12 April 2022, Mr Bangalore Shasi had acted unprofessionally and with sexual motivation, when he asked Patient A about how many sexual partners she had previously had. The Committee found this question to be without clinical justification.

51. The Committee also found proved that Mr Bangalore Shasi had failed to provide an adequate standard of care to Patient A in that he prescribed a full Dental Panoramic Tomogram (DPT) without any, or any adequate, clinical justification for doing so. Furthermore, it was proved that he did not assess or record his clinical findings in relation to the full DPT, adequately or at all.

52. Lastly, the Committee found proved that Mr Bangalore Shasi did not respond in a timely manner to the letters, dated 15 July 2022 and 29 September 2022, sent to him by the NHS Trust investigating his behaviour following a complaint made to the Trust by Patient A.

Document

53. The Committee was provided with an additional document for this stage of the hearing. This was a testimonial in support of Mr Bangalore Shasi, which was dated 6 November 2025 and from his previous practice principal and mentor. The Committee noted that the testimonial was positive in respect of Mr Bangalore Shasi's clinical practice, but referred to a period between 2013 and 2015. It also did not address any of the other matters found proved in this case. Therefore, the Committee did not place much weight on the testimonial.

Submissions

54. Mr Patience firstly informed the Committee that Mr Bangalore Shasi has no previous fitness to practise history.

55. In respect of misconduct, Mr Patience took the Committee through the GDC Standards, which he submitted had been breached by Mr Bangalore Shasi. He referred the Committee to Professor Brook's evidence, where Professor Brook stated that each of the matters found proved fell far below the standards expected. Furthermore, Mr Patience submitted that Mr Bangalore Shasi's conduct in this case would be considered deplorable by fellow practitioners, particularly the unprofessional and sexually motivated behaviour towards Patient A and the subsequent failure to co-operate with the Trust's investigation into the matter. Therefore, he invited the Committee to find that the facts found proved amounted to misconduct.

56. In respect of impairment, Mr Patience submitted that Mr Bangalore Shasi still poses a risk to the public. He submitted that Mr Bangalore Shasi's conduct in asking an unprofessional and sexually motivated question to a patient demonstrated a fundamental attitudinal deficiency towards the proper standards of conduct for a registered dentist and, consequently, is not something which is easily remediable. Furthermore, he submitted that there is no evidence of true insight from Mr Bangalore Shasi and no evidence of remediation. Therefore, he submitted that it cannot be said that the misconduct is highly unlikely to be repeated, and it cannot therefore be said that there is no risk to the public remaining. Similarly, in respect of the radiographic and complaint handling failings, he submitted that there is no evidence of insight into the failings or remediation from Mr Bangalore Shasi, and therefore a risk remains to the public with regard to these matters.

57. Mr Patience also submitted that a finding of current impairment is required in the public interest in order to declare and uphold proper professional standards and to maintain public confidence in the profession. Furthermore, he submitted that an informed member of the public would be surprised and dismayed to learn that no finding of current impairment had been made, in a situation where such conduct (sexually motivated behaviour towards a patient and a failure to co-operate with an investigation into that behaviour) had been engaged in and that this would undermine public confidence in the profession and in the regulatory process.

58. With regard to sanction, Mr Patience invited the Committee to impose a suspension order on Mr Bangalore Shasi's registration for a period of 12 months with a review hearing. He submitted that this would be the appropriate in all the circumstances of the case.

Committee's Decision

59. The Committee has borne in mind that its decisions on misconduct, impairment and sanction were matters for its own independent judgment. There is no burden or standard of proof at this stage of the proceedings. The Committee had regard to the GDC's *Guidance for The Practice Committees including Indicative Sanctions Guidance (October 2016, revised December 2020)* (the GDC's Guidance). The Committee was also mindful of the advice from the Legal Adviser which it accepted. The Committee first considered whether the facts found proved amounted to misconduct.

Misconduct

60. The Committee had regard to the GDC's *Standards for the Dental Team (2013)* (the GDC Standards) and determined that Mr Bangalore Shasi's conduct represented a serious departure from the following GDC Standards:

1.2 Treat every patient with dignity and respect at all times.

5.3 Give patients who complain a prompt and constructive response.

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.

9.4 Co-operate with any relevant formal or informal inquiry and give full and truthful information.

9.4.2 You must co-operate with: hospital trusts carrying out any investigation

61. The Committee considered that Mr Bangalore Shasi had engaged in unprofessional and sexually motivated behaviour by asking a question of Patient A about her previous sexual partners when this was not clinically justified. It was also found proved that he had failed to engage with the Trust's investigation into this complaint by not responding in a timely manner to two letters requesting his comments on the matter. It had further found proved that he had prescribed a full DPT radiograph without clinical justification and had failed to assess or record the findings of that radiograph.

62. The Committee noted Professor Brook's evidence that Mr Bangalore Shasi's conduct fell far below the expected standard for each of the matters found proved, albeit the Committee considered his prescription of the DPT radiograph to be only below the expected standard. Nevertheless, it considered that Mr Bangalore Shasi's overall conduct would be considered deplorable by fellow practitioners, particularly his sexually motivated and unprofessional behaviour towards Patient A. Therefore, the Committee considered that the overall cumulative failings in this case are sufficiently serious to amount to a finding of misconduct.

Impairment

63. The Committee then considered whether Mr Bangalore Shasi's fitness to practise is currently impaired by reason of his misconduct.

64. The Committee noted that the clinical failings in this case and the failing in respect of not properly co-operating or engaging with the Trust's investigation into Patient A's complaint are remediable. However, the Committee has seen no evidence of remediation from Mr Bangalore Shasi, such as his attendance on Continuing Professional

Development (CPD) courses in complaint handling or in relation to his radiographic practice. The Committee has also seen no evidence as to whether Mr Bangalore Shasi possesses any insight into these concerns. The Committee considered, therefore, that there is a risk of repetition of these concerns which would put patients at future risk of harm.

65. Similarly, in respect of Mr Bangalore Shasi's unprofessional and sexually motivated behaviour towards Patient A, the Committee has seen no evidence that Mr Bangalore Shasi possesses full insight into his behaviour or has shown any remorse. The Committee did note the email, dated 28 November 2022, sent by Mr Bangalore Shasi to his supervisors at the Trust in which he stated: *'I do apologize if the patient felt in a certain manner but it was never my intention'*. However, the Committee considered that this was rather a limited apology and did not show that Mr Bangalore Shasi had properly or fully understood the seriousness of his actions or the impact that it had on Patient A. Furthermore, the Committee noted the date of the apology and that it has not seen any further evidence of an apology given. The Committee considered that Mr Bangalore Shasi's non-attendance at this hearing and his overall failure to fully engage with the Trust's investigation into the complaint further demonstrated his lack of insight into the seriousness of his misconduct. Therefore, the Committee considered that, without any evidence of full insight or remediation, there is a risk that Mr Bangalore Shasi could repeat his sexually motivated behaviour towards a patient and this would put patients at future risk of harm.

66. Accordingly, the Committee determined that a finding of impairment is necessary for public protection.

67. The Committee also determined that a finding of impairment was necessary in the wider public interest to maintain public confidence and uphold proper standards of conduct and behaviour among dental professionals. In particular, the Committee considered that, given Mr Bangalore Shasi's sexually motivated behaviour towards a patient, a reasonable and informed member of the public would lose confidence in the profession and the dental regulator if a finding of impairment were not made.

Sanction

68. The Committee next considered what sanction, if any, to impose on Mr Bangalore Shasi's registration. It recognised that the purpose of a sanction was not to be punitive although it may have that effect. The Committee applied the principle of proportionality balancing Mr Bangalore Shasi's interests with the public interest. It also took into account the *GDC's Guidance*.

69. The Committee considered the mitigating and aggravating factors in this case as outlined in the GDC's guidance at paragraphs 5.17 and 5.18.

70. The mitigating factors in this case included the following:

- Evidence of previous good character;
- The fact that the sexually motivated conduct was an isolated incident (however, the Committee noted that his failure to subsequently engage with the Trust's investigation into the incident could not be considered an isolated incident as it demonstrated a pattern of behaviour that occurred over a period of time);
- Evidence of apology given – albeit the Committee considered this to be limited and was given several years ago;
- Time elapsed since the sexually motivated incident (over three and a half years).

71. The aggravating factors in this case included the following:

- Mr Bangalore Shasi's misconduct resulted in Patient A's loss of trust and confidence in him, leading to delayed treatment to extract her wisdom tooth;
- Breach of trust;
- Lack of insight.

72. The Committee decided that it would be inappropriate to conclude this case with no further action. It would not protect the public or satisfy the public interest given the serious nature of the misconduct and the fact that the Committee has found Mr Bangalore Shasi's fitness to practise to be currently impaired on both public protection and public interest grounds.

73. The Committee then considered the available sanctions in ascending order starting with the least serious.

74. The Committee concluded that misconduct of this nature cannot be adequately addressed by way of a reprimand. In the Committee's judgement, the misconduct found proved is serious, taking into account that it includes both sexual misconduct and clinical failures. Furthermore, Mr Bangalore Shasi's lack of insight and remediation into his behaviour meant that there was a likelihood of the misconduct being repeated, which would mean that patients and the public interest would not be sufficiently protected by the imposition of such a sanction. The Committee therefore determined that a reprimand would be inappropriate and inadequate.

75. The Committee considered whether a conditions of practice order would be appropriate. The Committee considered that the clinical failings in this case could be addressed by way of conditions. However, the Committee considered that conditions would not sufficiently address the behavioural failings. Furthermore, owing to Mr Bangalore Shasi's non-attendance at this hearing, his failure to engage properly with the Trust's investigation and lack of insight and remediation shown, the Committee could not be reasonably confident that he would comply with any set of conditions. The Committee also considered the serious nature of the misconduct, which included sexually motivated

behaviour towards a patient, and concluded that imposing conditions on Mr Bangalore Shasi's practice would not be sufficient or proportionate to maintain public confidence in the profession.

76. The Committee next considered whether to suspend Mr Bangalore Shasi's registration for a specified period. It questioned whether a suspension would be sufficient in all the circumstances of the misconduct that it has found. In reaching its decision, the Committee paid particular regard to Paragraphs 52 and 53 in Appendix A of the GDC's Guidance under the section titled, '*Abuse of the privileged position of registered professional*':

52. Patients have the right to be protected from dental professionals who seriously abuse the trust placed in them, for example in pursuit of sexual gratification or financial gain. Every patient is vulnerable when receiving treatment and therefore relies on the trustworthiness of the dental professional, which they are entitled to expect based on the professional's registered status.

53. Dental professionals also have privileges because of their registered status, ranging from the right to practise and use protected titles to less tangible privileges such as respect for their professional opinion. Dental professionals who abuse the trust which patients and wider society places in them can expect to forfeit the privileges which come with being a registered professional.

77. The Committee considered that Mr Bangalore Shasi's sexually motivated behaviour abused the trust placed in him as a registered dental professional by Patient A. The Committee noted the impact this had on Patient A, who described being '*alarmed*', '*unsafe*', '*vulnerable*', '*anxious*' and '*uneasy*'. Patient A's future care was also affected as she explained that she had delayed having her wisdom tooth extracted as a consequence of Mr Bangalore Shasi's behaviour. The Committee considered that Mr Bangalore Shasi's conduct was then exacerbated by his subsequent failure to co-operate fully with the Trust's investigation, his non-attendance at this hearing and the complete lack of any remediation evidence and full insight into his behaviour. The Committee noted his apology to Patient A, in an email dated November 2022, but considered this to be insufficient as it was rather limited and did not show that he fully understood the impact of his actions on Patient A.

78. The Committee also had regard to the relevant section in the GDC's Guidance regarding suspension and considered the following factors to be appropriate as referenced in the guidance:

- *there is evidence of repetition of the behaviour* (in respect of Mr Bangalore Shasi's failure to co-operate with the Trust's investigation);
- *the Registrant has not shown insight and poses a significant risk of repeating the behaviour;*
- *patients' interests would be insufficiently protected by a lesser sanction;*

- *public confidence in the profession would be insufficiently protected by a lesser sanction;*
- *there is no evidence of harmful deep-seated personality or professional attitudinal problems (which might make erasure the appropriate order).*

79. The Committee determined that a period of suspension was appropriate and proportionate to mark the seriousness of Mr Bangalore Shasi's misconduct. In deciding on this sanction, the Committee noted the option of erasure but determined that such a step would be disproportionate. The Committee noted that Mr Bangalore Shasi has no previous fitness to practice history, his conduct took place on one day over three and half years ago and there has been no evidence of repetition since. The Committee also noted that it involved one patient. It further noted the nature of the misconduct, which involved asking Patient A about her previous sexual partners, and considered this to be at the lower end of the spectrum of seriousness for cases involving sexual misconduct. The Committee determined, therefore, that there is no evidence that Mr Bangalore Shasi has harmful deep-seated personality or professional attitudinal problems, which might make erasure the appropriate order.

80. Accordingly, having had regard to all of the evidence, the Committee has determined to direct that Mr Bangalore Shasi's registration be suspended for a period of 12 months. The Committee is satisfied that this period of time is sufficient to mark the nature and extent of his misconduct, to protect the public, uphold professional standards and to maintain public confidence in the profession. In addition, the Committee considers that this time is needed to allow Mr Bangalore Shasi to develop insight into his behaviour and fully remediate his misconduct.

81. The Committee also directs that the suspension order be reviewed before its expiry. Mr Bangalore Shasi will be informed of the date and time of that resumed hearing. That Committee will consider what action it should take in relation to his registration. The reviewing Committee may be assisted by the following:

- Mr Bangalore Shasi's attendance at the hearing;
- A written reflective piece on Mr Bangalore Shasi's misconduct;
- A Personal Development Plan (PDP) and evidence of relevant and targeted CPD undertaken.

82. The Committee will now go on to consider whether an immediate suspension order should be imposed on Mr Bangalore Shasi's registration, pending the taking effect of its substantive order of suspension.

Decision on Immediate Order – 19 February 2026

BANGALORE SHASI, Natesh
Registration Number: 117493

83. The Committee has considered whether to make an order for the immediate suspension of Mr Bangalore Shasi's registration in accordance with Section 30 of the Dentists Act 1984 (as amended).

84. Mr Patience, on behalf of the GDC, invited the Committee to impose an immediate order of suspension on Mr Bangalore Shasi's registration. He submitted that it would be illogical if an immediate order was not imposed given the Committee's findings regarding the risk Mr Bangalore Shasi poses to public safety.

85. The Committee has considered the submission made. It has accepted the advice of the Legal Adviser.

86. The Committee was satisfied that, given the nature of its findings and its reasons for the substantive order of suspension in Mr Bangalore Shasi's case, it is necessary to direct that an immediate order be imposed on the grounds of public protection and in the public interest. The Committee considered that, given its findings, if an immediate order was not made in the circumstances, there would be a risk to public safety and public confidence in the profession would be undermined.

87. The Committee directs, under Section 30(1) of the Dentists Act that the immediate order shall be an immediate suspension order in accordance with the Committee's decision on sanction in this case, being a 12 month suspension order.

88. Subject to the contents of paragraph 7 below, the effect of this direction is that Mr Bangalore Shasi's registration will be suspended immediately. Unless Mr Bangalore Shasi exercises his right of appeal, the substantive order of suspension will come into effect 28 days from the date on which notice of this decision is deemed to have been served on him. Should Mr Bangalore Shasi exercise his right of appeal, this immediate order for suspension will remain in place until the resolution of any appeal.

89. The Committee also directs that the interim conditions of practice order currently in place on Mr Bangalore Shasi's registration shall be revoked. However, this would only take effect once notification of the immediate order has been served by the Registrar on Mr Bangalore Shasi, who is neither present nor represented at the proceedings, in accordance with Sections 30(4) and (6) of the Dentists Act 1984 (as amended).

90. That concludes this hearing.