

PUBLIC HEARING

Professional Conduct Committee Initial Hearing

13 – 24 April 2026

Name: CHALLA, Sri Rama Reddy

Registration number: 81800

Case number: CAS-199833

General Dental Council: John Greany, Counsel
Instructed by Jack Garden, Kingsley Napley

Registrant: Present
Represented by Julia Furley, Counsel
Instructed by JFH law

Fitness to practise: Impaired by reason of misconduct

Outcome: Suspension

Duration: 6 months

Committee members: Zareen Elleby (Dental Care Professional)(Chair)
Sukhninder Sandhar (Dentist)
Kamaljit Sandhu(Lay)

Legal adviser: Barrie Searle

Committee Secretary: Jenny Hazell

1. You are present at this hearing and you are represented by Ms Furley, Counsel. Mr Greany, Counsel, appears on behalf of the General Dental Council (GDC).

2. This hearing before the Professional Conduct Committee ('the Committee') was convened for the purposes of an inquiry into a charge against you as follows:

"That being registered as a dentist:

1. On or around 2 November 2021, you:

- a. Touched Person 1's body, around the lower border of the ribs, including touching the bottom of Person 1's bra;
- b. Placed your hand over Person 1's chest;
- c. Touched Person 1's bare skin on her chest;
- d. Placed your hand over Person 1's left breast, partially on her bare skin;
- e. Took Person 1's finger and placed it on your chest, next to your nipple;
- f. Said to Person 1:
 - i. That she had "big, beautiful eyes, which are very expressive", or words to that effect;
 - ii. That she had "very good skin", or words to that effect;
- g. On one or more occasions, hugged Person 1 tightly.

2. Your actions at 1a and/or 1b and/or 1c and/or 1d and/or 1e and/or 1g above were done:

- a. Without Person 1's consent;
- b. Without a reasonable belief that Person 1 was consenting.

3. On or around 30 October 2021, you:

- a. Said to Person 2, "Did you miss me?" or words to that effect;
- b. On one or more occasions, touched Person 2's waist.

4. On an unknown date or dates, placed your hand on Person 2's shoulders.

5. Your actions at 3b and/or 4 above were done:

- a. Without Person 2's consent;
- b. Without a reasonable belief that Person 2 was consenting.

6. Your conduct at 1 and/or 2 and/or 3 and/or 4 and/or 5 above was:

- a. Inappropriate;
- b. Unprofessional;

c. Sexually motivated.

And, by reason of the matters set out above, your fitness to practise as a Dentist is impaired by reason of your misconduct.”

Admissions

3. At the outset Ms Furley made the following admissions on your behalf: allegations 1(b), 1(e) insofar as you accept that you placed Person 1’s hand on your chest and repositioned it; 1(f(i) – you accept that the words were said but not in that context; 1(g) – you accepted that there was one hug at the end of the teaching session; 6(a) and 6(b) insofar as they relate to the facts admitted namely 1(b), 1(e) and 1f(i) concerning Person 1. You deny that your conduct towards Person 1 and Person 2 was sexually motivated. The Committee noted your partial admissions but decided to defer any decisions until it had heard all the evidence in the case so that it could understand the context of those admissions.

Summary of the GDC’s case

4. Mr Greany outlined the background to the GDC’s case against you, as set out in his opening note dated 8 April 2026 which the Committee has referred to below:

“In this case the panel is asked to determine allegations of sexual, inappropriate and unprofessional touching of colleagues by you.

The complaints relate to concerns about your behaviour towards two female colleagues to be referred to in these proceedings as Person 1 and Person 2. Both colleagues were junior to him.

In addition to the allegations of touching, it is also alleged that you made certain remarks to Person One about her skin and eyes, and to Person Two about whether she had “missed him”. These remarks are flirtatious, unprofessional and inappropriate.

The concerns about your behaviour came to the attention of your employer in November 2021 and prompted an internal investigation and a report to the police and a referral to the GDC.

No criminal prosecution was initiated, and it follows that the evidence has not been tested one way or the other in a criminal court.”

5. At the material times you were working as an Associate Specialist in oral surgery at a Hospital (the Hospital). Person 1 and Person 2 both worked as Oral and Maxillofacial Dental Core Trainees (DCT) at the Hospital, having started there in September 2021. Person 1 and Person 2 were known to each other.

6. At around 10.56 am on 3 November 2021 Person 1 sent a WhatsApp message to her Educational Supervisor at the Hospital (Person 3) indicating that she was distressed about something that had happened the previous day (2 November 2021) and that she would like to speak to him by telephone. At around 11.52 am on 3 November 2021, Person 3 telephoned Person 1 in which Person 3 described Person 1 as being “extremely upset and crying.” Person 1 set out her concerns to Person 3 about your alleged behaviour.

7. Following the telephone call on 3 November 2021 Person 3 produced a contemporaneous record setting out the chronology of events of the incident and in due course he forwarded his contemporaneous note to the Clinical Lead. On 4 November 2021 Person 1 provided a written

account about the alleged incident within an email which was sent to Person 3 and which was provided to the Trust for the internal investigation.

8. You were notified that a complaint had been made by Person 1 on 4 November 2021 when you were invited to attend a meeting with the General Manager and HR at the Trust. At that time you were not provided with full details of the allegations. You were then subject to an investigation by the Trust over a period of months. You left the Hospital in November 2021 and you resigned from your position at the Trust in summer 2022.

9. Person 3 confirmed that Person 2 did not report anything to him directly. Person 2 mentioned your “unwanted excessive touching” to Person 1, which was then investigated by the Trust.

10. On 15 November 2021 the incident was reported to the GDC by the Medical Director of the Trust. On 17 or 18 November 2021 Person 3 reported the matter to the Police. You were interviewed by the Police on 15 January 2022 regarding the allegations made by Person 1. No criminal prosecution was initiated.

11. In December 2021 the Hospital Trust interviewed Person 1, Person 2, Person 3 and yourself as part of its internal investigation. During this time the Trust restricted your clinical work whilst the investigation was ongoing. The Trust’s disciplinary hearing took place in January 2023.

Evidence

12. The Committee received a bundle of documents provided by the GDC which comprised the following:

- A signed GDC witness statement dated 9 April 2025 from Person 3 as well as his exhibit which comprises a contemporaneous note of the timeline of events following receipt of the telephone call he received from Person 1 on 3 November 2021.
- A signed GDC witness statement dated 8 April 2025 from Person 1 and her exhibit dated 4 November 2021.
- A signed GDC witness statement dated 8 April 2025 from Person 2, her supplemental witness statement dated 10 June 2025 as well as her undated statement prepared for the Trust’s internal investigation.
- A witness GDC statement dated 10 June 2025 from a Senior Paralegal from a firm of solicitors instructed on behalf of the GDC. Attached to their witness statement were documents in relation to the Trust’s investigation.
- A witness GDC statement dated 1 April 2026 from another Senior Paralegal from a firm of solicitors instructed on behalf of the GDC. Attached to their witness statement was a copy of the transcript of the police interview with you on 15 January 2022 in connection with the allegations concerning Person 1, as well as screenshots of WhatsApp messages from Person 1 to you on 17 September 2021 and 2 November 2021.
- A copy of your witness statement dated 31 March 2026.
- A copy of your CV.

- A signed witness statement dated 23 October 2025 from a female professional colleague who has worked with you on a regular basis since 2013 and provided evidence as to your personal qualities.
- A signed witness statement dated 25 September 2025 from a female professional colleague who worked with you between 2020 and 2021 and provided evidence as to your personal qualities.

13. The Committee received oral evidence remotely via Teams from Person 1 and Person 2. The Committee has borne in mind that Person 3 has not been called to give oral evidence since his evidence has been agreed in the sense that it is not disputed that these matters were reported to Person 3 by Person 1. Further, Person 3 did not witness the alleged events in question.

14. In addition the Committee received a copy of redacted notes from the Trust meeting held on 9 December 2021 regarding the questions asked of Person 1 and her responses.

15. Finally, the Committee has had regard to your own evidence, which you gave in person under oath. The Committee was provided with a copy of Direct Observation of Procedural Skills document.

Your case

16. You made a number of admissions in the course of the Trust's investigation. You accepted that some of the alleged touching took place but you strongly deny that your interactions with Person 1 and Person 2 were sexually motivated. In respect of Person 1, you explained that on the day in question (2 November 2021) the two of you were working together, operating on a patient who required extraction of their wisdom teeth. Person 1 was carrying out the procedure and you were assisting her in theatre. You maintain that Person 1 was struggling with the procedure and that at some point during the procedure you had a discussion with Person 1 regarding facial anatomy and you asked her a specific question about the masseteric space, which she answered incorrectly. After the procedure had been completed and you and Person 1 were in the recreation room together, Person 1 mentioned about herself having masseter hypertrophy. At your suggestion, and with Person 1's consent, you performed a brief examination of her face.

17. At around 17.44 pm after the surgery had been completed on 2 November 2021 you received a Whatsapp message from Person 1. Person 1 said "Do you still want to go over things?" to which you replied at 17.48pm "I am in the office, come over". You then had an unplanned one to one teaching session with Person 1 in the Registrar's office, covering a range of topics. You accepted that you initially intended to illustrate to Person 1 how to examine a patient who was hyperventilating. However, you say that Person 1 was wearing a very thick fleece over her scrubs so it was not possible to do so. You invited Person 1 to illustrate on you, which you say she did. You took Person 1's finger and placed her hand on your chest, next to your nipple. You accepted that you hugged Person 1 at the end of your meeting. You also accepted your method of teaching was clumsy and inappropriate and that touching Person 1, or asking her to touch you, was not acceptable.

18. Regarding Person 2, your position is that you do not recollect ever speaking to Person 2 on the phone and that in any event the incident as described by her could not have happened. You deny the allegations against you regarding Person 2.

Findings of Fact

19. The Committee considered all the evidence presented to it, both documentary and oral. It took account of the closing submissions on the alleged facts made by both parties. The Committee accepted the advice of the Legal Adviser.

20. The Committee considered the factual allegations 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 proved on the balance of probabilities. This means that the Committee has had to decide whether it is more likely than not that the alleged matters occurred.

21. The Committee considered carefully the evidence that you are of good character in that you have no previous convictions or adverse findings before the GDC. It has had regard in particular to the Legal Adviser’s advice in respect of your good character, namely

“Obviously, good character is not a defence to the charges, but it is relevant in two ways.

First, Mr Challah has given evidence. You should take Mr Challah’s lack of convictions and/or adverse findings and his personal qualities into account when you are deciding whether you believe his evidence.

Secondly, the fact that Mr Challah is now 55 years old, that he has the qualities about which you have been told and that he has not committed any previous offence or had any adverse findings made against him, may mean that it is less likely that he would have behaved in the way that is suggested.

You should take Mr Challah’s good character into account in his favour in the two ways I have just explained. It is for you to decide what importance you attach to it.”

22. The Committee has reached the following findings:

1	<i>On or around 2 November 2021, you:</i>
1a	<p><i>Touched Person 1’s body, around the lower border of the ribs, including touching the bottom of Person 1’s bra;</i></p> <p>Found proved</p> <p><i>Person 1 set out her account to Person 3 in an email dated 4 November 2021 as follows: “I was the day on-call DCT and Mr Challa was my 2nd on call. We carried out XGAS and intra oral I I+D on an E-list patient at around 4pm. During the operation, Mr Challa asked me a question about which intra oral space he was exploring, I answered in-correctly- the correct answer he told me was the masseteric space and we briefly spoke about the TMJ.”</i></p> <p><i>“We then went to the rec room and had a general chat about my future work career plans and where I had studied my dentistry and biomedical sciences degrees. He then said that we should go over anatomy and asked for me to come to the Reg’s office when he’s finished with MOS as he had admin to carry out after work. I had a couple of patients to see in A+E which I had been bleeped about during E-list, therefore I went to see those patients.”</i></p> <p><i>“I finished in A+E at around 5:45pm, when I messaged Mr Challa to ask if he still wanted to go through anatomy, he said yes and told me where I could find the Reg’s office. I came into the room and sat down on a chair next to Mr Challa. We were the only two people in the room. He was looking at a radiograph on the computer for his list on Friday and asked me to describe the radiograph and what I could see. After that he then asked me what other anatomy I would like to go over- I was unsure at this point as there was nothing specific I had in mind. He then asked me, out of the blue, how do you know if a patient is hyperventilating? I wasn’t 100% sure of the answer but I said I thought it was something to do with the breathing pattern. Mr Challa then pointed to my stomach and asked; May I? I thought that he was going to hover his hand over my stomach or</i></p>



point to different anatomical landmarks, therefore I said yes that's fine, and he asked me to take my lanyard off. He then proceeded to rest his hand firmly over my stomach (over my scrubs) and asked me to breathe normally, to show that it was my stomach rising. He then asked me what part of the body is specifically involved in this and I said the diaphragm. He then used both his hands to palpate the lower border of my ribs all the way to my back and I was aware he could feel the bottom of my bra when he was touching my ribs."

Person 1's contemporaneous account is broadly consistent with the signed notes of the Trust's meeting with Person 1 dated 9 December 2021. She explained that after you demonstrated an examination of the TMJ on her face you then asked her what other areas of anatomy she would like to go through. On Person 1's account you offered topics "*out of the blue*" which was not directly related to anything the two of you had discussed. Person 1 goes on to state that you then asked her: "*How do you know if a patient is hyperventilating?*" *During this discussion he demonstrated on my stomach continuously, touching my upper body above my scrubs asking me to breathe normally. During this discussion he placed his hand over my stomach, moved his hands across my rib cage but I was very aware he could feel the bottom of my bra and then he placed his hand on my chest, this time it was over my scrubs."*

Person 1 confirmed this in her oral evidence, the contents of witness statement, and her account to the Trust. She thought that she was attending a one-to-one teaching session with you following on from earlier discussions in the day.

Person 3 also provided a detailed account of the incident that took place following his telephone conversation with Person 1 at around 11.52 am on 3 November 2021 (the day after the event in question) as follows: "*He then proceeded (with her permission) to carry out the examination on her- feeling the sides of her cheeks down her jaws to her neck and further down to her clavicles stating that he was showing her how to examine lymph nodes. Following this, he then proceeded to demonstrate examination of the heart and rested his hand on her left breast and (lightly) massaged it through the scrub top she was wearing stating this was "palpation". He then ran his hand around the breast onto her rib cage and around her back."*

In your statement to the Trust you explained that during the course of your discussion with Person 1 regarding hyperventilation you told her that it was difficult to demonstrate on her because she was wearing so many layers, including a thick fleece, which was zipped up, and that it would better if she examined you. You explained that Person 1 examined your ribs and felt the diaphragm and she placed her hand on your heart.

In your GDC witness statement you further explained that during your interaction with Person 1 you were trying to teach Person 1 what to do in the event that a patient was hyperventilating. Your evidence is that you had to explain to her how gaseous exchange works and the role of the diaphragm in respiration and management of a hyperventilating patient. You initially intended to illustrate on Person 1 how to examine a patient who was hyperventilating by examining her ribs. However, Person 1 was wearing a very thick fleece over her scrubs, and it was not possible to do this. You therefore invited Person 1 to illustrate on you instead, which she did.

The Committee has taken into account Ms Furley's submission that Person 1 was inconsistent and did not detail many of the conversations she had had with you. For example, the issues relating to genioplasty and botox and the number of times she worked with you. Further, Ms Furley submitted that Person 1 changed the emphasis of her evidence, namely that in November 2021 she barely knew you, whereas a little later



	<p>in her evidence, Person 1 said she knew you well enough to form a view about your character. Person 1 explained that she may have worked with you 3 or 4 times which included her telephoning you about patients whilst you were on call.</p> <p>The Committee considers that this may have amounted to a different interpretation as to what is meant by working with someone, namely whether directly in person or contact by telephone, rather than a material inconsistency in her evidence. In any event, in the Committee’s judgement, the frequency with which Person 1 worked with you did not undermine her overall credibility in respect of her recollection as to what took place between you.</p> <p>Furthermore, the Committee has borne in mind that on the night of the event in question Person 1 spoke to another colleague (Specialist Registrar in OMFS), who advised her to make a record. Person 1 made an initial oral complaint to Person 3 on 3 November 2021 and supplied him with a contemporaneous note she had drafted on 2 November 2021. The Committee determined that Person 1 was clear in her recollection regarding the key elements as to what took place. In addition, Person 1’s complaint is supported by Person 3’s contemporaneous account of the conversation.</p> <p>The Committee found there was no evidence to suggest that Person 1 had any grudge against you or was acting out of spite. The Committee considered that Person 1’s account was consistent.</p> <p>The Committee has taken into account the evidence of your good character and has had regard to the supportive testimonials from two professional colleagues whose teaching you were involved in at the Trust. The Committee has decided that good character is one factor that must be put into the balance and weighed against the other evidence in this case. Adopting that approach, the Committee has determined that the contemporaneous records and Person 1’s oral and written evidence in this case outweighs the evidence of good character.</p> <p>Accordingly, the Committee finds this charge proved.</p>
<p>1b</p>	<p><i>Placed your hand over Person 1’s chest</i> Admitted and found proved</p> <p>You accepted that during the conversation you placed your hand on Person 1’s chest to illustrate how to treat a patient who was hyperventilating. Your evidence was that you believe that you also touched Person 1 a second time with your fingers in order to illustrate where the heart is. In light of your admission, the Committee finds this charge proved. The Committee adopted the same approach for good character, as set out at charge 1a above.</p>
<p>1c</p>	<p><i>Touched Person 1’s bare skin on her chest</i> Found proved</p> <p>In Person 1’s written account by email dated 4 November 2021 she recounts as follows: “He then proceeded to move his finger from the top of my sternum, over my bare skin, and moved his finger down my sternum, slightly pulling on my scrub top down till he went over my scrubs down to the xiphisternum. I was becoming more and more uncomfortable at this point and was just thinking about how much I wanted him to stop touching me, however I froze and was unable to articulate this to him.”</p>



	<p>In Person 1’s oral evidence she described how you slightly moved her scrub top down and you touched her bare skin with your hand.</p> <p>In your witness statement you set out that you do not believe that you touched Person 1 on her bare skin during this exchange. You also stated you do not believe that you moved Person 1’s scrubs</p> <p>The Committee adopted the same approach for good character, as set out at charge 1a above. It considers that Person 1’s account as to what happened was consistent, both at the early stage when she reported the matter to Person 3, and in her account to the Trust. It is satisfied, on the balance of probabilities, that you touched Person 3’s bare skin on her chest.</p>
<p>1d</p>	<p><i>Placed your hand over Person 1’s left breast, partially on her bare skin;</i> Found proved</p> <p>Person 1 set out in her written account to the Trust as follows: <i>“He then placed his hand firmly over my left breast (my scrub top had been moved slightly to the side when he was palpating initially, so his hand was half above my scrub top and half on my bare skin). She confirmed this position in her account to the Trust on 19 January 2023 as follows: “ During the anatomy lesson, his hand was on my breast as well as half of it being over my scrub top so he did touch my bare breast. Not with his full hand but the bottom part of it.”</i></p> <p>In her oral evidence Person 1 said that you used the palm of your hand, flat on top of her left breast. The Committee noted Ms Furley’s question, namely why Person 1 did not think to leave the room. The Committee accepted Person 1’s explanation that she “froze” as a result of your actions.</p> <p>When interviewed by the police, you refuted the suggestion that you touched Person 1’s breasts and explained as follows <i>“.. it was quite high up and then below, but no”</i>. In your oral evidence you explained that you used your hand on her body where the heart was. You maintain that if any contact with Person 1’s breast had occurred it was entirely accidental.</p> <p>The Committee adopted the same approach for good character, as set out at charge 1a above. It considers that Person 1’s account as to what happened was consistent, both at the early stage when she reported the matter to Person 3 within a day of the incident taking place, and in her subsequent account to the Trust. The Committee is satisfied, on the balance of probabilities, that you placed your hand over Person 1’s left breast, partially on her bare skin. It is further satisfied that the contact was deliberate and not accidental.</p>
<p>1e</p>	<p><i>Took Person 1’s finger and placed it on your chest, next to your nipple;</i> Admitted and found proved</p> <p>Person 1 set out in her contemporaneous statement as follows <i>“He then spoke about the nipple as a landmark for the heart and I think he could see in my face that I was becoming very uncomfortable and then took my finger to place it on his chest next to his nipple.”</i></p> <p>You accepted that you took and placed Person 1’s finger close to your nipple, over clothing to demonstrate a landmark for location of the heart.</p>

	<p>Given that both Person 1 and yourself agree that this incident took place, the Committee finds this charge proved.</p>
1f	<p><i>Said to Person 1</i></p>
1fi	<p><i>That she had “big, beautiful eyes, which are very expressive”, or words to that effect;</i> Admitted and found proved</p> <p>Person 1 set out in her written account of events that took place following the demonstration: “ <i>He then, once again out of the blue, asked me what I think people first notice about me. I was taken aback by the question and said ‘I don’t know’, and he said it is ‘your big, beautiful eyes, which are very expressive.’</i>”</p> <p>In her oral evidence, Person 1 explained that there were some comments about her eyes and skin which took place during this teaching session. It is consistent with both oral accounts that there had been a discussion about medical topics, including masseteric hypertrophy, cannulation, genioplasty and the use of botox.</p> <p>In the notes of the Trust interview you explained that you were trying to convince Person 1 “<i>to avoid the surgery because the complications of that surgery can end up having a numb lip on both sides lifelong</i>”. The notes go on to record: “<i>I said, “You don’t need to have that surgery”. I was trying my best and in that context, I was trying to tell her to avoid the surgery. I asked her, “What do you think is the most attractive feature on your face?” and said, “The most striking feature is your eyes, you’ve big brown eyes, you can’t miss it... you don’t need surgery.”</i>”</p> <p>In your GDC witness statement you accepted this on the basis that it was in the context of a conversation with Person 1 regarding surgery in the context of genioplasty (surgery to the chin).</p> <p>The Committee is satisfied, in the light of Person 1’s evidence, that you said to her that she had “big, beautiful eyes”, or words to that effect.</p>
1fii	<p><i>That she had “very good skin”, or words to that effect;</i> Found proved</p> <p>Person 1 set out in her written account that after the comment you had made about her eyes you went on to say that she “<i>had very good skin</i>”, which she just tried to laugh off. In the Trust’s internal investigation Person 1 accepted that your comments on her eyes and skin were made in connection with masseter hypertrophy and about Person 1 wanting genioplasty and that this took place just after you had demonstrated the temporomandibular joint (TMJ) examination on her.</p> <p>You accepted that you may have made a comment about Person 1’s skin but that it was in the context of taking bloods. In your account provided to the Trust in the internal investigation you said: “<i>Sometimes the skin is thin for people, sometimes more fibrous so I need to do a few ***inaudible*** and in your case, your skin is soft and smooth so it’s easy to get in so you need to have a few times</i>”. You maintained this position in your witness statement for these proceedings in which you explained that any comment about skin tone or quality was in the context of cannulation and clinical considerations.</p> <p>Your recollection is that you spoke with Person 1 about veins and the difficulties in taking bloods and that you discussed with Person 1 about different skin types, including soft, fibrous and loose skin. Your evidence is that the two of you discussed locating the vein, which was the context in which you said Person 1 had soft skin.</p>



	<p>The Committee is satisfied, on the balance of probabilities, in the light of the contemporaneous records of Person 1 and her written and oral evidence, that you said to Person 1 that she had “very good skin”, or words to that effect.</p>
1g	<p><i>On one or more occasions, hugged Person 1 tightly</i> Admitted on one occasion Found proved on more than one occasion</p> <p>Person 1 set out in her written account that she was bleeped to see two patients in paediatric Emergency Department (ED) and that she told you; “<i>I have to go to ED, see you later.</i>” She described how you started talking to her and asking further clinical questions. She formed the impression that you did not want her to leave. Person 1 explained what happened next as follows: “<i>He then came quickly towards me and put his arms around me in a very tight hug. I did not reciprocate the hug and kept my arms firmly by my side. He didn’t stop hugging me for a few seconds until I took a step back to get out of the hug. He then asked me another 2 questions and proceeded to hug me tightly twice more. Each time I swiftly moved back so that I could keep my distance from him and so that he would stop hugging me. I then rushed towards the door, I said ‘thanks for your help’ and I left the room. I could see that he was leaving the room at the same time therefore I walked as quickly as I could to get to ED so that I would be surrounded by people.</i>”</p> <p>The Committee has also had regard to the notes of Person 1’s account to the Trust dated 9 December 2021 which states: “<i>one of the things in my opinion that made the situation even worse was at the end when he hugged me three times. It was so strange and out of the blue. That’s the bit where I thought “This is definitely not a normal teaching session.” The fact that he said I hugged him, it’s categorically wrong. I did not hug him.</i>”</p> <p>Person 1 confirmed in the internal Trust investigation and in her oral evidence that you hugged her three times. She described her arms being by her side. She refuted the suggestion that she hugged you and denied that it was mutual.</p> <p>In your Police interview you explained that at the end of the discussion she gave you a hug and said “<i>Ram, I’ll probably be your favourite DCT</i>” and then left.</p> <p>In your GDC witness statement you accepted that you hugged P1 at the end of your teaching session and described the hug as being a brief, collegial gesture at the end of the discussion.</p> <p>Person 1 confirmed in her oral evidence that neither did she hug you nor did she say to you “<i>Ram, I’ll probably be your favourite DCT</i>”.</p> <p>The Committee has borne in mind that there is a conflict in the evidence as to who initiated the hug and how many there were. Both you and Person 1 agree that the hug happened at the end of the teaching session. The Committee considers that Person 1’s evidence was credible in light of the contemporaneous records of Person 1 and her written and oral evidence. Accordingly, the Committee is satisfied that there were three hugs, and finds this charge proved.</p>
2	<p><i>Your actions at 1a and/or 1b and/or 1c and/or 1d and/or 1e and/or 1g above were done:</i></p>
2a	<p><i>Without Person 1’s consent</i> Found proved in relation to 1a, 1b, 1c, 1d, 1e and 1g above</p>



	<p>In respect of charges 1a, 1c and 1d, the Committee has taken into account that you denied these charges at the outset. In the Committee’s judgement, it must follow that you did not have consent to the matters which you say did not happen.</p> <p>In respect of charges 1b, 1e and 1g , Person 1’s account was that you pointed to her stomach and said “<i>May I?</i>” Her evidence was that she thought that you were going to hover your hand over her stomach or point to different anatomical landmarks. She therefore said “<i>yes that’s fine</i>”. She then described how you proceeded to touch her in the manner set out in charge 1b. Person 1 was clear in her statement to the Trust and in her evidence to the GDC that she was expecting you to hover your hand over her. Person 1 also set out in her GDC witness statement that “<i>when it got to the breathing part I definitely froze when he was touching my upper body. I did not reciprocate and did not say anything.</i>” In respect of the hugging, Person 1 refuted the suggestion that she hugged you. She described how she kept her arms down at her side and did not reciprocate. Person 1 confirmed this in her oral evidence.</p> <p>Your position in your written statement is that you asked Patient 1 “<i>May I?</i>” before touching her initially. However, with “<i>hindsight</i>” <i>I realised that I should not have placed my hands on her at all, even as part of a teaching exercise. I also realised from Patient 1’s complaint that she had not realised that I was intending to touch her when I asked her “May I?” during this interaction</i>”.</p> <p>Given the specific areas of Person’s 1 body that you were touching, as well as Person 1’s written and oral evidence that she did not agree to the touching, the Committee is satisfied on the balance of probabilities that Person 1 did not consent to this touching.</p>
<p>2b</p>	<p><i>Without a reasonable belief that Person 1 was consenting</i> Found proved in relation to 1a, 1b, 1c, 1d, 1e and 1g above</p> <p>For the avoidance of any doubt, the Committee has considered the Legal Adviser’s advice, namely the questions it had to ask itself.</p> <p><i>“Was there an absence of reasonable belief in consent to the touching on the part of Mr Challah?</i></p> <p><i>To decide this, you need to decide whether the GDC has proved on the balance of probabilities that Mr Challah did not reasonably believe that Person 1/Patient 2 consented.</i></p> <p><i>The question turns on your assessment of all the evidence and the issue is whether an ordinary reasonable person, in the same circumstances as Mr Challah, would have believed Person 1/Person 2 was consenting to the specific touching found proven (if any) in each case.</i></p> <p><i>You must consider all the evidence presented to you. This includes looking at any steps Mr Challah took to find out whether Person 1/Person 2 was consenting. If you find that the GDC has proved that Mr Challah did not genuinely believe that Person 1/Person 2 in question consented to the particular touching which you are considering, then clearly there cannot have been a reasonable belief in consent on his part.</i></p> <p><i>If you find that he did believe that Person 1/Person 2 consented to the particular touching then the question is whether, in your view, it was reasonable to believe in</i></p>



	<p><i>consent, not whether Mr Challah thought it was reasonable.”</i></p> <p>The Committee determined that the GDC has proved on the balance of probabilities that you did not reasonably believe that you had consent from Person 1.</p> <p>In coming to that view, the Committee considered all of the evidence before it and concluded that an ordinary reasonable person in the same circumstances as you would not have believed that Person 1 was consenting to the specific touching the Committee has found proved. In particular, the Committee has considered that it would not have been standard teaching methodology to demonstrate on a student in a one to one setting by placing your hands on them.</p> <p>The Committee has borne in mind that you have been teaching DCTs for a long time and would have been aware of the protocols in place by the Trust. It has also borne in mind your own reflection that <i>“I realised very quickly that my method of teaching was clumsy and inappropriate and subject to misinterpretation by Person 1. I completely understand that touching her, or asking her to touch me, is not acceptable, I realise that what was considered ‘normal’ when I was training 30 years ago is no longer deemed appropriate. I also understand why this is the case”</i>.</p> <p>The Committee agrees with Ms Furley’s submission that consent is a <i>“fluid situation”</i>. However, it determined that you took no steps to find out from Person 1 during the training session of some 40 minutes as to whether she was consenting to your touching her. The Committee determined that the GDC has proved that you did not genuinely believe that Person 1 consented to the particular touching and that there cannot have been a reasonable belief in consent on your part.</p>
3	<p><i>On or around 30 October 2021, you:</i></p>
3a	<p><i>Said to Person 2, “Did you miss me?” or words to that effect;</i> Found not proved</p> <p>In support of this allegation the GDC relies solely on the evidence of Person 2. She attended the Trust’s investigation meeting on 6 January 2022 and she also produced a statement (undated and unsigned) in preparation for the Trust’s investigation. In those documents Person 2 confirmed that she had only worked with you for one weekend and had only met you once.</p> <p>The notes of the Trust meeting set out that on Saturday 30 October 2021 Person 2 was one of the DCT’s on site and that you were the only Staff Grade Registrar on call that day. The notes of Person 2’s account recollection go on to state <i>“We were about to huddle for a theatre emergency list. He was aware we had a patient going in and he disappeared for 20 minutes. I was getting stick from the anaesthetist, but I could not get hold of him. I called him [you] about ten times because we were ready to go. When I finally got hold of him, the first thing he said was “Are you missing me?” I thought it was a bit odd for a consultant to say, but I laughed it off”</i>.</p> <p>Person 2 maintained this position in her GDC statement dated 10 June 2025 and in her oral evidence before the Committee.</p> <p>Your position is that you have no recollection of ever meeting Person 2 or ever speaking to her.</p>



The Committee has borne in mind the absence of any independent or contemporaneous evidence, such as log of phone records, to confirm that Person 2 made around 10 calls to your number or records confirming if you were in surgery with Person 2 on 30 October 2021.

In the absence of any evidence supporting Person 2’s account, the Committee is not satisfied that the GDC has proved this charge to the requisite standard. Accordingly, it finds this charge not proved.

3b *On one or more occasions, touched Person 2’s waist.*
Found not proved

The notes of the Trust meeting state that you and Person 2 were working together in theatre on 30 October 2021 and that you were both scrubbed up. Person 2 recollected that you moved her out of the way with her waist. She describes you having touched her waist “*a couple of times.*” Person 2 confirmed that the incident took place after being scrubbed. She further stated: “*It was something that might have been vaguely harmless once, but it happened a few times to make me think it was too much*”. In response to a question put to her by the Investigation Officer at that meeting as to whether there were any other witnesses present at the time of the incident, Person 2 stated “*No, we were the only ones in theatre. There might have been scrub nurses but I couldn’t tell you who they were.*” Person 2 explained that at the first time when the touching took place she ignored it, but after two or three times after, she thought it was a “*bit unnecessary.*” She confirmed that she did not report this behaviour to any senior colleagues in the Trust at the time of the incident.

In Person 2’s GDC witness statement she recollected that also present during the surgery was the anaesthetist and the scrub team. She recollected that the first time you touched her waist to switch sides, she thought to herself “*did he really do that?*” but she did not say anything. Person 2 also recollected that you touched her waist a second time but that she kept it to herself. She explained: “*I think a big part of it was that I was completely new and did not know what the dynamics were.*” Person 2 further stated: “*it was enough for me to think it was not appropriate at work but had the issue with my colleague not happened, I might have brushed it under the carpet. I mentioned to my friend that this did happen*”. Person 2 confirmed that she did not say anything to you following the incident as she “*was the only one from the department on site that I was aware about.*”

In Person 2’s initial GDC witness statement dated 8 April 2025 she confirmed that during the surgery an anaesthetist was present as well as the scrub team. She maintained that every time you wanted her to switch sides with you, you would move her out of the way, touching her waist.

You deny this allegation. In your evidence you set out that the standard operating theatre environment would include at least 7 people being present. You explained that “*when we move within the surgical field, from one side to another, both hands are held together with fingers crossed or arms crossed and held on to the scrubs so that fingers and hands accidentally don’t touch other surfaces or people... The nurses will be carefully watching to make sure we are sterile to operate and are changing side with no obstructions. In my professional experience, it would be inconsistent with established surgical practice and infection control standards for a surgeon who has scrubbed in to make non-clinical physical contact of the kind alleged. As a specialist oral surgeon, I take these procedures extremely seriously. ... It would be wholly contrary to my training,*



	<p><i>professional standards, and usual practice to place my hands on another clinician in the manner described whilst scrubbed in</i>". You confirmed this position in your oral evidence.</p> <p>The Committee has had regard to the Legal Adviser's advice that inconsistencies can happen where a person is telling the truth or not. In the Committee's judgement, it seems unlikely that the theatre team present at the time in question would not have noticed that on three separate occasions you touched Person 2's waist in the manner alleged. It accepted your evidence that you would not have risked patient safety by making the environment unsterile.</p> <p>The Committee has borne in mind that Person 2 did not report the incident at the time when it had happened, and that it was only when Person 1 mentioned to Person 3 that Person 2 had told her about your "unwanted excessive touching of her" that led to Person 2 being interviewed by the Hospital's internal investigators. Person 2 accepted that she had had a conversation with Person 1 soon after the incident concerning Person 1 had happened. The Committee recognises that Person 2 was trying her best to recollect what had taken place. However, it considers that Person 2 may have been influenced, knowingly or unknowingly, by what Person 1 had told her about her experiences with you.</p> <p>The Committee has borne in mind the absence of any contemporaneous evidence supporting Person 2's account, even though she accepted in her evidence that other members of the scrub team were present during the surgery.</p> <p>The Committee is not satisfied that the GDC has proved this charge to the requisite standard. Accordingly, it finds this charge not proved.</p>
4	<p><i>On an unknown date or dates, placed your hand on Person 2's shoulders.</i> Found not proved</p> <p>In Person 2's supplemental statement for the GDC, she states: "<i>During this meeting (the Trust's investigation meeting) I mentioned that I recalled being touched on the shoulder by the Registrant. I can confirm that this definitely happened to me during one handover, but it was too long ago for me to remember specific details.</i>" Person 2 maintained this position in her oral evidence.</p> <p>Your position is that you have no recollection of meeting Person 2, let alone touching her on the shoulder at any time. You say that if any such contact did occur, it would have been incidental in the context of normal workplace interactions. In your oral evidence you accepted that it was possible that you may have touched Person 2's shoulder in an attempt to get her attention.</p> <p>The Committee accepts that Person 2 was trying her best to provide an accurate recollection as to what took place. However, it has borne in mind that in Person 2's first GDC witness statement there is no mention of the alleged placing of your hands on her shoulders and that in her second witness statement and her oral evidence Person 2 was unable to recollect the date or dates as to when this took place.</p> <p>Taking all these factors into account, the Committee is not satisfied that the GDC has proved this charge to the requisite standard. Accordingly, it finds this charge not proved.</p>
5	<p><i>Your actions at 3b and/or 4 above were done</i></p>
5a	<p><i>Without Person 2's consent</i> Found not proved</p>

	This is in light of the Committee finding 3b and 4 not proved.
5b	<p><i>Without a reasonable belief that Person 2 was consenting</i> Found not proved</p> <p>This is in light of the Committee finding 3b and 4 not proved.</p>
6	<i>Your conduct at 1 and/or 2 and/or 3 and/or 4 and/or 5 above was:</i>
6a	<p><i>Inappropriate</i> Admitted and found proved in relation to 1 and 2 This is in light of your admission in relation to 1 and 2.</p> <p>Found not proved in relation to 3, 4 and 5 This is in light of the Committee finding 3b, 4 and 5 not proved.</p>
6b	<p><i>Unprofessional</i> Admitted and found proved in relation to 1 and 2 This is in light of your admission in relation to 1 and 2.</p> <p>Found not proved in relation to 3, 4 and 5 This is in light of the Committee finding 3b, 4 and 5 not proved.</p>
6c	<p><i>Sexually motivated</i> Found proved in relation to 1(a) to 1(e), 1(g) and 2(a) to 2(b) Found not proved in relation to 1(f)(i) and (ii) Found not proved in relation to 3, 4 and 5</p> <p><u>Charges 1(a) to 1(e), 1(g) and 2(a) to 2(b)</u></p> <p>The Committee has had regard to the case of <i>Basson v General Medical Council</i> [2018] EWHC 505 (admin), where Mostyn J gave a definition of sexual motive as: “<i>sexual motive means that the conduct was done either in pursuit of sexual gratification or in pursuit of a future sexual relationship</i>”.</p> <p>The Committee has reminded itself that the GDC has to show that it was more likely than not, considering all the evidence, that the motivation was sexual.</p> <p>The Committee has considered once more the evidence of your good character and the two testimonials. The Committee has decided that good character is one factor that must be put into the balance and weighed against the other evidence in this case. The Committee has considered carefully the case of <i>Arunkalaivanan v GMC</i> [2014] EWHC 873 (Admin) and the evidential care a Committee has to take as far as good character and sexual motivation are concerned.</p> <p>The Committee has kept in mind its findings in relation to 1(a) to 1(e), 1(g) and 2(a) to 2(b). It has borne in mind that the incident in question took place in the Registrar’s office in the context of a one to one teaching session with a junior female member of staff, whom you barely knew and Person 1 had only started working at the Hospital two months prior to the incident. The teaching session involved you and Person 1 in which you proceeded without her consent to touch the lower border of her ribs, her bare skin, her chest and you placed your hand on her left breast. The touching also included you</p>



taking Person 1's hand and placing it on your chest, next to your nipple. You also hugged Person 1 more than once at the end of your teaching session.

In your interview with the Police you set out that you were asking Person 1 whether she knew where the diaphragm was anatomically and when she said "no" you proceeded to show her by placing your hand on the top of her chest. You also set out in the same statement to the Police that at your invitation, Person 1 examined your chest with both her hands on either side whilst explaining the movement of the chest. You said to the Police that throughout the various stages of the conversation, you asked Person 1's permission and she agreed to it.

In your witness statement to the GDC you described having supervised hundreds of DCTs. You accept, on reflection, that after the events of 2 November 2021, you realised very quickly that your method of teaching was clumsy and inappropriate and that what was considered 'normal' when you were training some 30 years ago is no longer deemed appropriate.

The Committee has had regard to the context in which the touching took place – namely that it was in a one to one situation in an office where no one else was present. It involved uninvited touching of intimate areas of the top half of Person 1's body as well as hugging her at the end of the session. In the Committee's judgement, it would have been open to you to have demonstrated your teaching in a different way such as in front of other students, using a mannequin and/or using your own body. You did not do so. The Committee has borne in mind that a finding of inappropriate behaviour does not equate to a finding of sexually motivated behaviour.

However, the Committee has considered your explanation for this examination, namely, that it was to teach Person 1 how to deal with a patient who was hyperventilating, the location of the diaphragm and heart and stethoscope placement. These elements had not been discussed previously and were, as Person 1 said, introduced "*out of the blue*". The training session lasted some 40 minutes, culminating in you hugging Person 1 several times.

In these circumstances, the Committee has drawn the inference that your touching of Person 1 was deliberate and was for your own sexual gratification. The Committee did not accept it was accidental. Further, the Committee did not accept your explanation that any touching of Person 1, in the context of a one to one teaching session, in the circumstances you described, was not sexually motivated. It considers that as an experienced clinician, with many years of supervising DCTs, you would have known that conducting this type of session was not in accordance with the Trust's teaching methods. The Committee has noted the length of the teaching session and has determined that you were extending the one to one teaching session for your own sexual gratification. In addition, the Committee has determined that the several hugs you gave to Person 1 were for your own sexual gratification. The Committee considers that there can be no reasonable alternative explanation for your behaviour in that teaching session.

Taking all these factors into account, including the good character evidence submitted, the Committee is satisfied that your conduct was sexually motivated in relation to charges 1(a) to 1(e), 1(g) and 2(a) to 2(b).

Charges 1(f) (i) and 1(f)(ii)

Turning to charges (1fi and ii) relating to the comments you said to Person 1, the Committee is not satisfied that either of the comments made were sexually motivated. In coming to that view, it has taken into account that your comment to Person 1 about her eyes to highlight other facial features, which was said in the context of a discussion about genioplasty and reducing the need for invasive surgery, was plausible. Person 1 accepted that there was a discussion about genioplasty.

Regarding the comment about the skin, the Committee has accepted that this was a plausible element of the discussion in the context of cannulation and clinical considerations. Person 1 accepted that there was a discussion about skin types and cannulation. The Committee is not satisfied that the comments said to Person 1 were sexually motivated.

23. The Committee now moves to stage 2 of these proceedings

Stage Two

24 The Committee received a Stage 2 Defence bundle at this stage of the proceedings which included a number of documents including:

- A copy of your second witness statement dated 22 April 2026
- References dated from February 2022 until April 2026 from a diverse range of dental professional colleagues in the knowledge of the allegations against you.
- Copies of Certificates of Continuing Professional Development (CPD) relating to a range of topics, including professional boundaries.

25 In accordance with Rule 20, the Committee heard submissions from Mr Greany, Counsel, on behalf of the GDC and those made by Ms Furley, Counsel, on your behalf. During the course of their submissions, both Counsel referred the Committee to the GDC 'Guidance: Fitness to Practise: Guidance for the practice committee' (effective from 6 January 2026) ('the GDC's Guidance')

26 Mr Greany submitted that the facts found proved are serious and amount to misconduct. He submitted that the conduct involved non-consensual touching of a junior female colleague (Person 1), which was sexually motivated, which amounts to a serious falling short of professional standards. The conduct could be properly described as disreputable, morally culpable or otherwise of a disgraceful kind which brings disgrace upon the profession.

27 It was Mr Greany's submission that your fitness to practise is currently impaired by reason of the misconduct. Mr Greany submitted that there is a degree of risk of repetition, albeit not at the high end, which may mean that you pose a risk to the public. However, it was a matter for the Committee to decide. The GDC acknowledged that you have demonstrated a degree of insight into the matters in this case. It is also recognised that the testimonials submitted on your behalf are supportive.

28 Mr Greany further submitted that a finding of current impairment on the grounds of public interest is necessary given the serious nature of the behaviour in this case. Mr Greany went on to draw the Committee's attention to paragraph 248 of the GDC's Guidance which sets out the factors which may be present where a finding of impairment on the grounds of public interest is made out. This included cases where allegations have been found proved in relation to sexual misconduct.

29 In relation to sanction, Mr Greany submitted that this is a serious case which has some of the features which lend towards erasure. However, the GDC's position is that this is not a case where there are deep seated attitudinal concerns which would suggest erasure. Mr Greany cited a number

of factors in this case, including the fact that you are of previous good character, this was an isolated incident and you have shown some insight and have apologised for your actions. The GDC's submission is that a suspension order for a period of 12 months would be sufficient to mark the severity of the misconduct. This was, submitted Mr Greany, in circumstances where your registration has already been suspended by the Interim Orders Committee (IOC) for nearly four years.

30 Ms Furley conceded that the facts found proved in this case involve conduct that was sexually motivated and did not advance an argument that they do not amount to misconduct. In respect of current impairment, Ms Furley submitted that it should be found only on the grounds of public interest and not public protection. In respect of public protection, Ms Furley made the point that prior to the events of 2 November 2021, you were a man of impeccable character and that there has been no repetition of the conduct since then. Ms Furley invited the Committee to have close regard to the supportive testimonials from a diverse range of dental professionals, all in the knowledge of the allegations made against you. They attest that the events in question were out of character. There was nothing to suggest that the matters concerning Person 1 formed a pattern of conduct or that you would repeat the behaviour in the future. In support of that contention Ms Furley highlighted your expressions of genuine remorse soon after the events in question, with the offer of resigning from the Hospital in November 2021 so as to reduce the risk of Person 1 seeing you at work, your engagement with the Trust's internal investigation even though you no longer worked there and were therefore not under an obligation to do so since you had already left, and your co-operation with the Police. Ms Furley submitted that your engagement with the Trust, the Police and the GDC has been a salutary process for you. She submitted that there is evidence that you have shown insight into the matters and that the risk of repetition is low.

31 Ms Furley conceded that there was a proper basis upon which a finding of current impairment could be made on the ground of public interest given the findings of non-consensual touching and sexually motivated behaviour.

32 Ms Furley submitted that a short period of suspension would be the appropriate and proportionate outcome. She asked the Committee to take into account the unexplained delay by the GDC in these proceedings since you were first referred to the GDC in December 2022. You have been suspended for three years and ten months since the event in November 2021, which has had a significant impact on you and your family. Her contention is that erasure would be disproportionate in the particular circumstances of this case, citing a number of mitigating factors. Such a direction would effectively mean that you would not be able to work as a dentist for 9 years – having been suspended for nearly four years and allowing for 5 years before you could apply for restoration to the Register for 5 years.

33 The Committee has considered the submissions by both parties. It has accepted the advice of the Legal Adviser.

Decision on misconduct

34 The Committee considered whether the facts found proved amount to misconduct. It took into account that a finding of misconduct in the regulatory context requires a serious falling short of the professional standards expected of a registered dental professional. The Committee also had regard to the cases of *Doughty v. General Dental Council* [1988] A.C. 164 at 173, *Roylance v. GMC* [2001] AC 311 and *Nandi v GMC* [2004] EWHC 2317 (Admin), as referred to by the Legal Adviser in his advice.

35 The Committee took a serious view of its findings made against you. This case involved you touching Person 1 in a one to one teaching situation in an office, including the uninvited touching of intimate areas of the top half of her body as well as hugging her. Your conduct was inappropriate, unprofessional and sexually motivated. Person 1 was a junior member of staff who had only started

working at the Hospital two months prior to the incident (2 November 2021). She placed her trust in you as the person with the more senior role at the Hospital and you abused that trust, motivated by your own sexual gratification. Person 1 described in her witness statement that the impact of the experience had been “awful”. She described how it made her feel very wary about being at work and was worried about seeing you at work.

36 The Committee considered that your conduct in this regard was unprofessional and amounted to a falling short of the standards of conduct expected of a dentist. You crossed the boundaries of normal teaching sessions for your own sexual gratification.

37 Having considered the GDC’s ‘Standards for the Dental Team’, the Committee concluded that the following professional Standards are engaged in this case:

- 6.1.2 You must treat colleagues fairly and with respect, in all situations and all forms of interaction and communication.
- 9.1 You must 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.
 - 9.1.1 You must treat all team members, other colleagues and members of the public fairly, with dignity and in line with the law.

38 The Committee considers that the sexual misconduct in this case is serious and would be considered deplorable by fellow practitioners. Taking all these factors into account, the Committee determined that the facts found proved are serious and amount to misconduct.

Decision on current impairment

39 The Committee next considered whether your fitness to practise is currently impaired by reason of your misconduct. It had regard to the over-arching objective of the GDC, which is: the protection, promotion and maintenance of the health, safety, and well-being of the public; the promotion and maintenance of public confidence in the dental profession; and the promotion and maintenance of proper professional standards and conduct for the members of the dental profession.

40 The Committee has had regard to the factors set out in Paragraph 233 of the GDC’s Guidance, namely whether the reason by which fitness to practise is alleged to be impaired is easily remediable, whether it has been remedied, and if it is highly unlikely to be repeated in the future.

41 The Committee considered the evidence of remediation put before it. In your second witness statement you set out that on immediately learning about the nature of the allegation Person 1 had made against you, you were concerned that you had upset Person 1 and had caused her a considerable amount of distress. You offered to resign from your position at the Hospital at that time. Following the suspension of your registration by the IOC in June 2022 you resigned from your post at the Hospital. However, you made a decision to continue to engage with their internal disciplinary hearing.

42 The Committee has had regard to your reflections in your second statement as follows: “I recognise that my behaviour has made my junior colleague feel uncomfortable and extremely distressed, for which I am truly sorry. I completely understand that as a senior clinician I was in a position of responsibility and influence in relation to junior colleagues. I accept that conduct which I may not have intended to cause distress can nevertheless be experienced as unwelcome, uncomfortable, or inappropriate, particularly in a hospital environment where junior colleagues may feel unable to challenge a senior member of staff. I recognise just how uncomfortable the whole situation must have been for Person 1 am deeply sorry for that. I am sorry not only for the distress

caused to Person 1 but also for the impact on the profession and public confidence. Dentistry depends on trust, professionalism, and appropriate boundaries. I regret that my conduct has undermined those values and has caused concern to others”.

43 The Committee has had regard to the steps you have taken to address the concerns in this case. This includes you having completed targeted CPD in 2022 and in 2026 regarding professional boundaries. The Committee has read your reflective piece following the completion of the course on professional boundaries in which you set out the pro-active steps you have undertaken. You have also read relevant material such as the 'Guide to good practice - Maintaining Professional Boundaries with Learners' (February 2020), a Welsh Education Workforce Council document. In addition, you have watched several talks and YouTube videos about professional boundaries to learn and understand. You explained that before your registration was suspended you began to complete a log of your communications and interactions with colleagues so you could check your behaviour.

44 The Committee has been referred to the work you have undertaken with a professional mentor in 2022, who assisted you gaining some insight into your behaviour. The Committee's attention has been drawn to the report dated 28 June 2022 from your mentor who comments on the progress you have made. She stated that she also worked on your remediation plan, and the continuing professional development that underpins your action plan. In your witness statement you explained that you had recently met with your mentor with the intention of gaining her assistance should you be able to return to work.

45 Furthermore, you set out that prior to your suspension, you put in place a number of safeguards, including requesting feedback from your colleagues at the end of your clinical sessions and improving your observational skills. You discussed your experiences with your mentor and adjusted or corrected your behaviour or mannerisms as per her advice. Going forward, you explained that you would approach any future clinical role with far greater caution, self-awareness and willingness to seek feedback.

46 The Committee concluded that you have reflected on the impact of your behaviour on Person 1 and on the wider impact on the dental profession and apologised for your actions. The Committee also acknowledged the steps you took in 2022 to engage the help and support of a mentor and that this has been an ongoing process, as well as the CPD you have undertaken and the changes you have made to your communications with colleagues and patients.

47 Furthermore, the Committee has had regard to the fact that despite your resignation from the Hospital, you continued to engage with the Trust in its disciplinary proceedings as you were keen to co-operate in all respects and provide an account of yourself.

48 Taking all these factors into account, the Committee is satisfied that you have demonstrated sufficient insight and genuine remorse and you have remediated your misconduct. The Committee has had regard to the positive testimonials from dental professionals who have worked alongside you since the events in question and in the knowledge of the allegations against you. These indicate that they hold you in high regard and describe the events that took place in November 2021 as being out of character. Having considered all the information before it, the Committee has concluded that there is a low risk of repetition. Therefore, a finding of impairment is not necessary on the grounds of public protection.

49 The Committee then went on to consider whether public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances of this case. In so doing, it has had regard to paragraph 248 of the GDC's Guidance which sets out where impairment on the grounds of public interest may be considered. The Committee is aware that this was a single isolated incident, which took place over four years ago. It has had regard to the comprehensive remediation you have undertaken as well as your expressions of remorse.

50 However, the Committee considers that the misconduct found in this case was serious, involving non-consensual touching of a junior female colleague on a one to one training session, which was inappropriate, unprofessional and sexually motivated. There was an abuse of your position of trust, noting the clear imbalance of power in the situation, and a failure on your part to treat a dental team member with respect and dignity. The Committee has had regard to the impact your behaviour has had on Person 1. Your actions were liable to have brought the reputation of the profession into considerable disrepute. In the Committee's judgement the public's trust and confidence in the profession, and in the regulatory process, would be significantly undermined if a finding of impairment were not made in all the circumstances. Therefore, the Committee concluded that a finding of impaired fitness to practise on the grounds of misconduct is required solely on the ground of public interest.

51 The Committee therefore determined that your fitness to practise is currently impaired by reason of your misconduct.

Decision on sanction

52 The Committee next considered what sanction, if any, to impose on your registration. It noted that the purpose of a sanction is not to be punitive, although it may have that effect, but to protect the public and uphold the wider public interest. In reaching its decision, the Committee had regard to the GDC Guidance. It applied the principle of proportionality, balancing the public interest with your own interests.

53 In deciding on the appropriate sanction, the Committee considered the mitigating and aggravating factors. In mitigation, it took into account the following:

- You are of previous good character
- The incident in question was isolated and out of character
- Genuine reflection including showing an understanding of the impact on Person 1
- Remorse shown and apology given

54 In terms of aggravating factors set out in the GDC's Guidance, which the Committee notes are not exhaustive, it has identified the following matters:

- Actual harm caused to Person 1, impacting on her emotional well-being
- Person 1 was isolated in a room with you
- An imbalance of power between you and Person 1
- There was a serious breach of trust

55 The Committee had regard to its previous findings on misconduct and impairment in coming to its decision and considered each sanction in ascending order of severity. It first considered whether to take no further action or to consider the imposition of a reprimand. In the Committee's judgement, public trust and confidence in the dental profession and in the regulatory process would be significantly undermined if no action were taken against your registration, or if this case was concluded with a reprimand. The Committee considered that neither of these outcomes would be sufficient to maintain public confidence in the profession or declare and uphold proper professional standards of conduct and behaviour.

56 The Committee went on to consider whether a conditions of practice order would be appropriate and proportionate. It concluded however, that conditional registration would not be

sufficient to maintain public confidence or to declare and uphold proper professional standards of conduct and behaviour because of the serious nature of your misconduct.

57 The Committee went on to consider whether an order of suspension would represent an appropriate and proportionate outcome. It has balanced the mitigating and aggravating features in this case. It has also taken into account that cases such as this, which involve sexual misconduct, might meet the criteria for erasure. The Committee has borne in mind the following factors, amongst others, as set out at paragraph 277 of the GDC's guidance:

- A lesser sanction would be insufficient to meet the public interest
- There is no evidence of harmful deep-seated personality or professional attitude problems (which might make erasure the appropriate order)

58 The Committee has had regard to the steps you have taken to address your shortcomings, the insight and remorse you have shown as well as your co-operation with the Hospital Trust's investigation, the Police and the GDC throughout these proceedings.

59 Taking all these factors into account, the Committee is satisfied that an order of suspension is the appropriate and proportionate response to meet the public interest.

60 The Committee has considered whether to suspend your registration for the maximum period of 12 months or whether a lesser period would be sufficient and proportionate.

61 The Committee has considered carefully paragraph 100 of *Adil v General Medical Council* [2023] EWCA Civ 1261, where Popplewell LJ stated:

100. 'It may also be appropriate to take into account periods of interim suspension insofar as the sanction is intended to mark the gravity of the offence so as to send a message to the profession and to the public. If, for example, there were a contrite practitioner with full insight into misconduct which was sufficiently serious to warrant suspension, the necessary message could be sent to the profession and the public by the tribunal making clear that the gravity of the misconduct needed to be marked by a suspension of a stated length; but that in fairness to the practitioner, he should be allowed to return to practice immediately, or within a lesser period, by reason of his already having been deprived of the ability to do so in the period prior to the imposition of the sanction. Messages depend upon the terms in which they are sent, and tribunals ought to be able to frame their decisions in language which enables the appropriate message to be sent whilst ensuring fairness to the practitioner in question'.

62 The Committee has also had regard to paragraph 275 of the GDC's Guidance which states: *"When considering the proportionality of the order to be imposed, the PC should have regard to any interim order and its effect on the registrant. In particular, if proceedings are delayed and a person is subject to suspension in the interim, that period of suspension may affect the proportionality of the length of the subsequent period of suspension. Whether it has that effect is for the PC to determine."*

63 The Committee has borne in mind that your registration has been suspended for a period of around 3 years and 10 months by virtue of an interim order of suspension. However, it takes a very serious view of your sexual misconduct and the impact it has had on Person 1. It considers this behaviour to be unacceptable. Nevertheless, in these circumstances, the Committee takes a view that a suspension order for a period of six months is necessary and proportionate to mark the seriousness of this misconduct. To adopt the reasoning of Lord Justice Popplewell, this will send the *"necessary message"* to the profession and the public that your Regulator takes these matters seriously. However, it is satisfied that a review of the suspension order is not required given that the Committee has no concerns regarding your remediation or insight.

64 The Committee did go on to consider erasure but, taking into account all of the information before it, and the mitigation provided, determined that it would be disproportionate. The Committee acknowledged that you have fully accepted your wrongdoing and have shown insight and considerable remorse. In this regard, the Committee acknowledged that it would be unduly punitive to direct erasure.

65 The Committee now invites submissions as to whether the suspension should take immediate effect to cover the 28-day appeal period.

Decision on immediate order

66. Mr Challa: The Interim Order of Suspension on your registration is hereby revoked.

67. Mr Greany, on behalf of the GDC, was instructed that it was open to the Committee to make an immediate order under paragraph 288, category c, of the GDC's Guidance (January 2026) – namely that immediate action is required to maintain public confidence in the professions. He further submitted that this was not a classic case where an immediate order was required under category a – namely that your behaviour is considered to pose a risk the public.

68. Ms Furley, on your behalf, submitted that the public interest will not be served by the imposition of an immediate order of suspension which would effectively mean that your registration would be suspended for seven months. She set out that you wish to be able to begin to put in place the necessary steps for your safe return to unrestricted clinical practice following the completion of the six month substantive order of suspension. In short, Ms Furley submitted that there is no proper basis to make an immediate order in the circumstances of this case.

69. The Committee has considered the submissions made. It has accepted the advice of the Legal Adviser. The Committee has also had regard to paragraphs 285 to 288 of the GDC's Guidance which deals with immediate orders.

70. The Committee is satisfied that the public interest is served by its substantive direction of 6 months suspension. It has already identified that you do not pose a risk to the public. In these circumstances, the Committee is not satisfied that an immediate suspension order is necessary on any of the statutory grounds.

71. Unless you exercise your right of appeal your registration will be suspended for a period of 6 months

72. The Committee's decision will be confirmed to you in writing, in accordance with the Act.

73. That concludes this determination.

