

Sexual Misconduct in dentistry

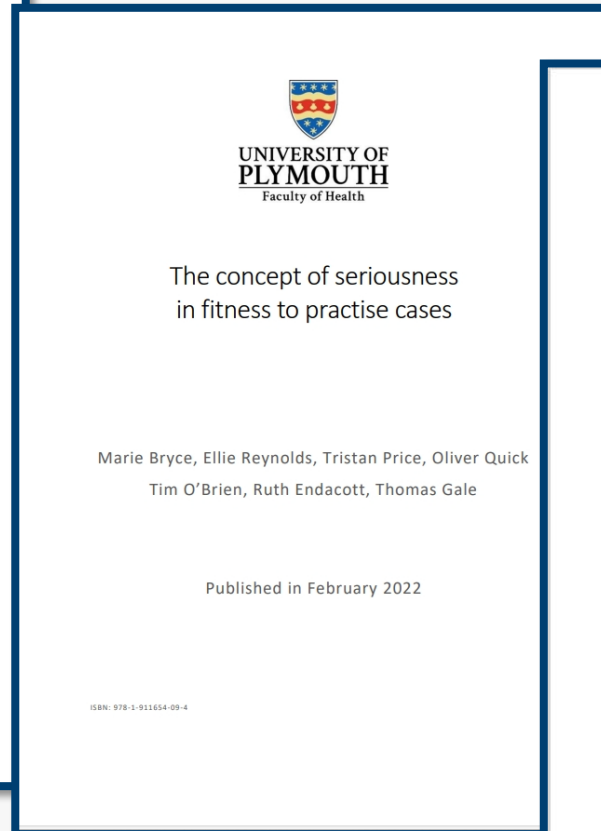
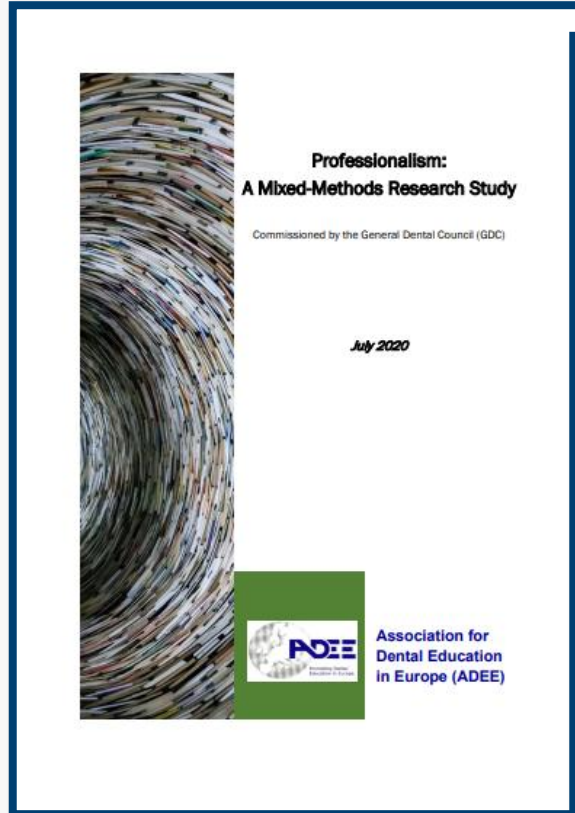
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Sexual Misconduct in Dentistry: a rapid evidence synthesis

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Research Aims

Aim

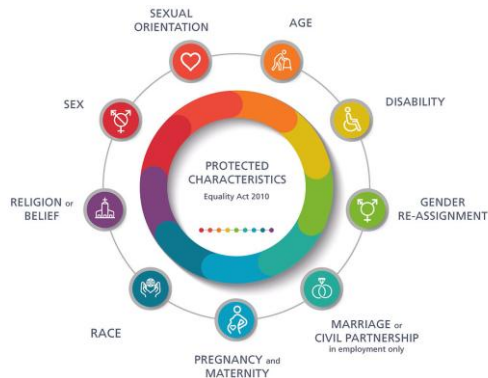
Examine current evidence surrounding sexual misconduct in dental settings → form recommendations for both policy development and further research

Specific research questions surrounding

1. Existing evidence on prevalence, profile, reasons and associated contextual factors
2. What works to prevent, identify, mitigate the impact of and respond to sexual misconduct
3. Methods used to evaluate interventions to mitigate, prevent or respond to sexual misconduct
4. Gaps in evidence to inform effective regulatory responses

Legal Context

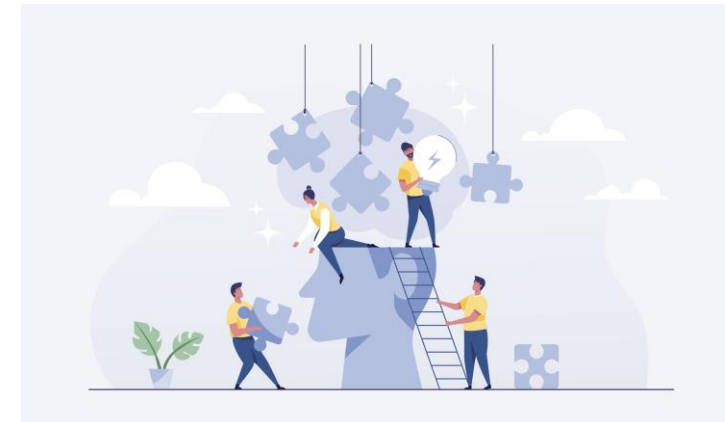
- ▶ Equality Act (2010) definition of sexual harassment
- ▶ Evolving nature of sexual harassment including use of technology
- ▶ Legal requirements surrounding safe working environments
- ▶ Criminal law and meeting definitions of sexual assault
- ▶ Worker Protection Act (2023) and prevention of sexual harassment



**Worker Protection (Amendment of
Equality Act 2010) Act 2023**

Methods

- ▶ Systematic rapid review of the published literature and grey literature
- ▶ ‘University of Law’ definition of sexual misconduct
- ▶ 16 medical and health sciences databases and 14 databases that are discipline-specific or regional-specific
- ▶ Three term fields used: sexual, misconduct, dental
- ▶ Relevance of evidence: 2010 to current
- ▶ Three researchers cross-checking at all steps
- ▶ Continuous (re)interpretation of findings



Inclusion and Exclusion Criteria

<u>Inclusion</u>	<u>Exclusion</u>
Population: Studies involving dentists and dental care professionals, dental students, and patients in dental care settings.	Studies that included dental professionals though data was mixed with other health professions and did not explicitly state outcomes specific to dental professionals.
Phenomenon of Interest: Studies capturing and reporting on the prevalence of sexual misconduct within the context of dentistry, including details of perpetrator and victim. Also studies that reported on policies or interventions targeted at preventing or managing instances of sexual misconduct.	Studies that did not provide empirical data on sexual misconduct in dental settings or with dental professionals.
Types of Studies: All study designs (e.g., quantitative, qualitative, mixed methods), as well as grey literature.	Literature that is solely editorial or opinion-based without empirical data or case analysis.
Language: Studies in English and other languages, provided an English abstract or translation is available.	N/A
Timeframe: January 2010 - October 2024	N/A

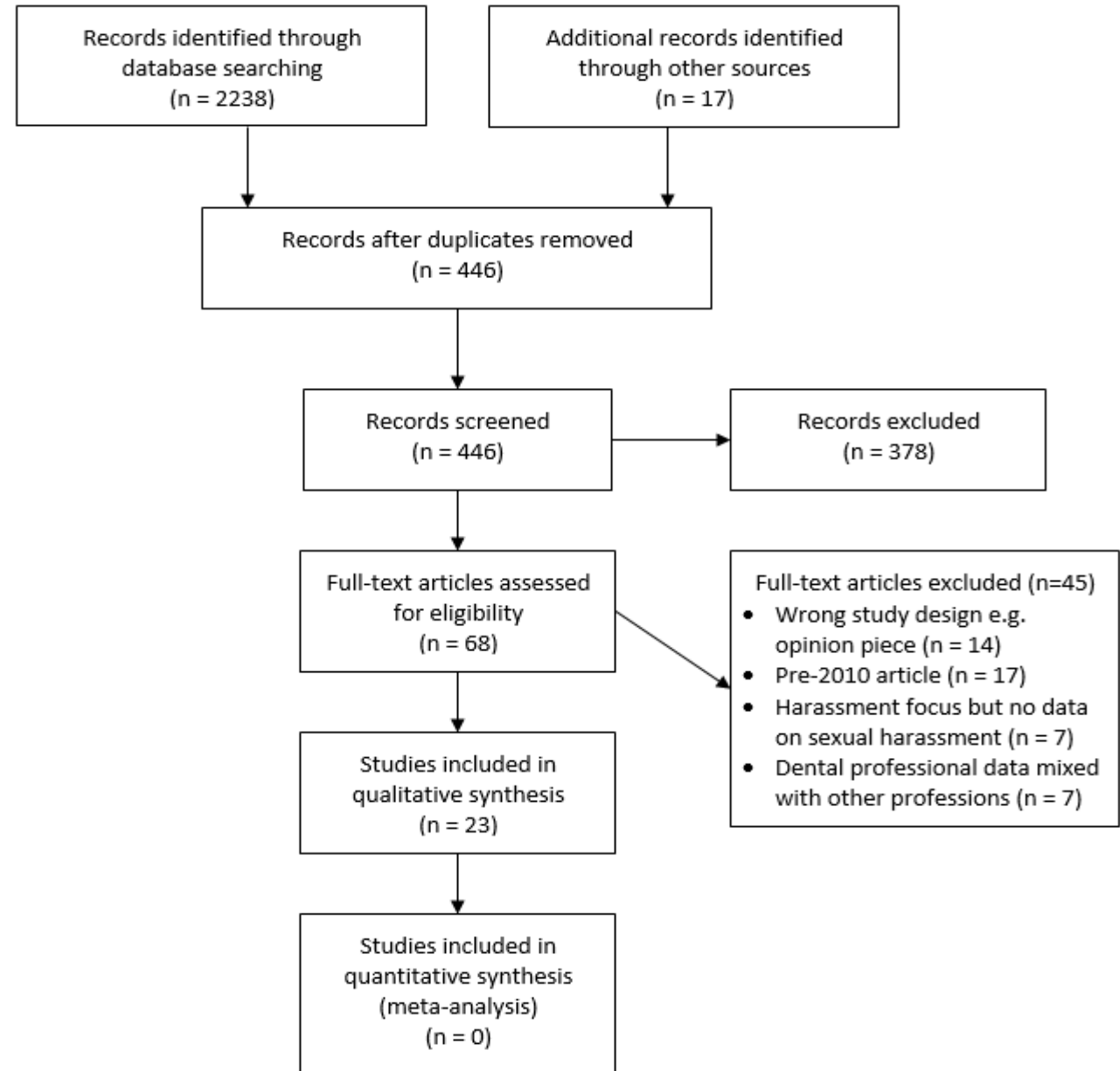
Results of the Search Strategy

Identification

Screening

Eligibility

Included



Key Findings – Experiencing Misconduct

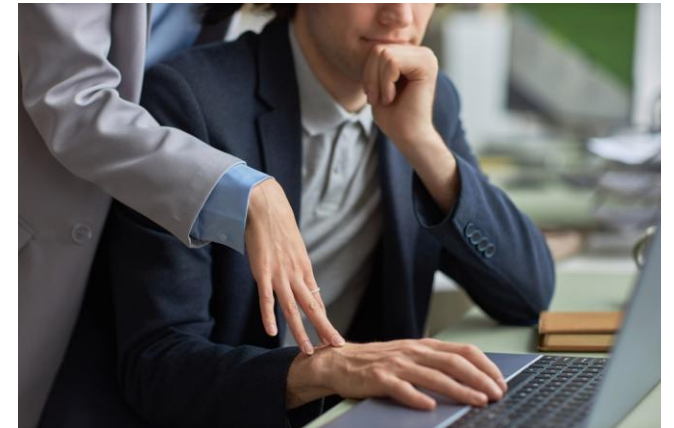
- ▶ Patients – no data published
- ▶ Dental students (7 studies) – 5% to 22% - unclear gender differences – sexually implicit jokes/stories, being asked on a date, staring/leering, sexual remarks or objectification, sexual advances, unwanted touching
- ▶ Dental hygienists (6 studies) – 25% to 86% - similar experiences as students, also shown pornographic materials or had a patient expose themselves or masturbate in front of them
- ▶ Dentists and dental surgeons (5 studies) – 7% - 29% - similar experiences as dental hygienists
- ▶ Witnessing misconduct – similar prevalence to experiencing

Key Findings – Perpetrators of Misconduct

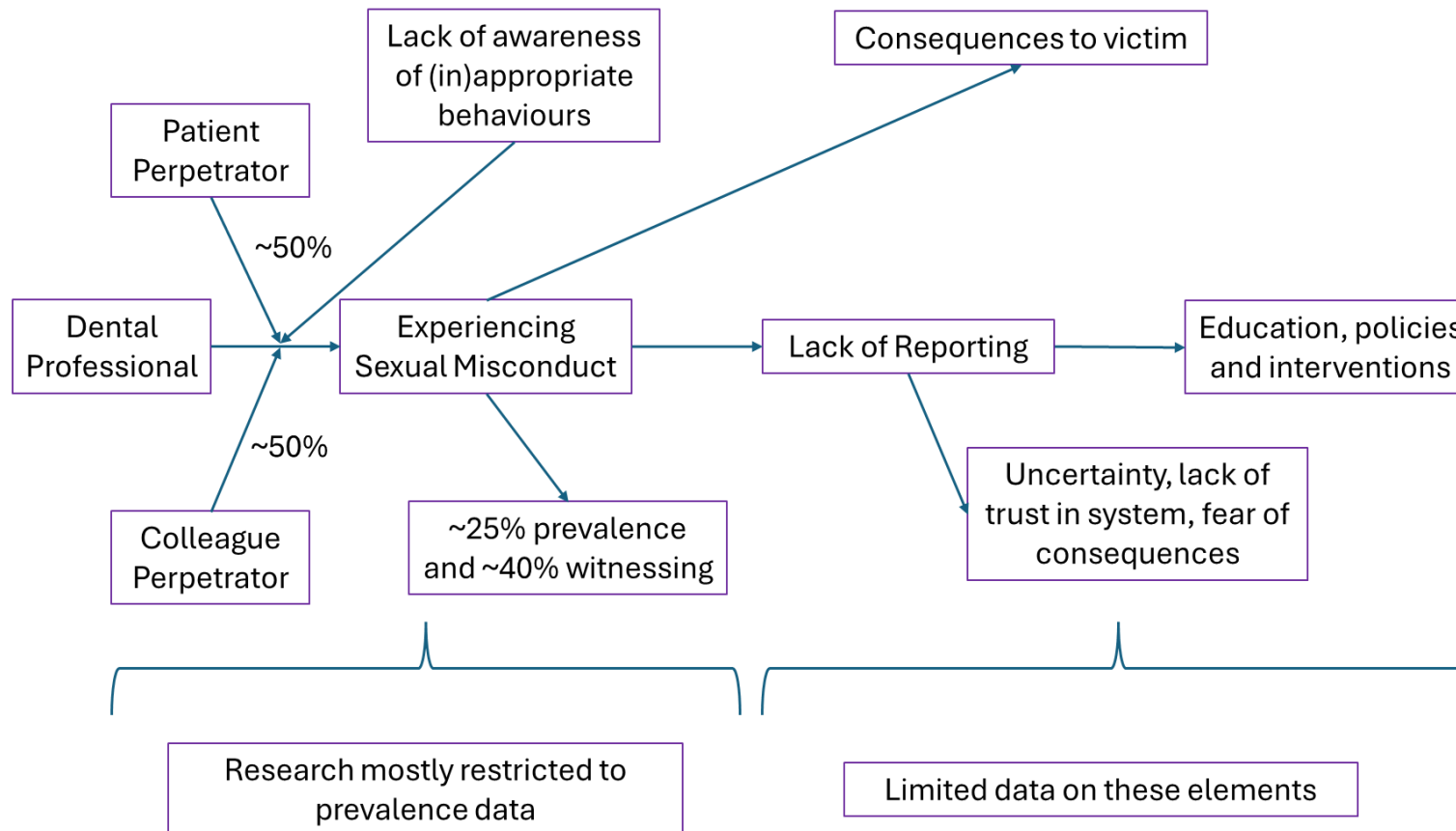
- ▶ Ten studies reporting – patients and senior colleagues (including professors/academics) most frequent perpetrators of misconduct
- ▶ Of these, men and dentists were over-represented
- ▶ Quotes from studies:
 - ▶ “Most patients with inappropriate sexual behaviours were men over 60”
 - ▶ “Patient was a male who refused to make an appointment until he was added on my Facebook page and could contact me directly-stalking type behaviour”

Settings

- ▶ Dental students – most commonly within dental school, followed by placement in dental clinics (sometimes over the phone)
- ▶ Practicing professionals – mostly within their dental clinics during normal working hours; sometimes outside of normal hours or the workplace
- ▶ Social gathering (e.g. Christmas parties) raised in a tribunal case
- ▶ Networking events involving alcohol
- ▶ Digital spaces – social media platforms



Mapping Key Findings



Recommendations from the Literature

- ▶ Ellis and Johnson (2020) - advocated for dental professional bodies to campaign for more balanced coverage of dentists and dental professionalism within news media, and continue to promote the good work performed by the profession.
- ▶ Kim (2017) suggested that sexual harassment should no longer be recognized solely as a personal problem, but also as a problem for the entire organization and society.
- ▶ There were further recommendations to:
 - ▶ implement preventive education programs,
 - ▶ establish stronger legal protections and enforcement, and
 - ▶ develop supportive organisational policies to address incidents assertively.
- ▶ Al-Jewair - 2024 noted the importance of ensuring that all individuals have access to reporting mechanisms that they perceive as safe, effective, and supportive.



General Recommendations from Synthesis

- **Training:** Mandatory for all dental staff; covers ethics, boundaries, consent, and cultural sensitivity; includes scenario-based learning and bystander intervention.
- **Safe Workplace:** Establish codes of conduct; promote a zero-tolerance culture; ensure a supportive, retaliation-free environment.
- **Reporting Pathways:** Multi-channel system (anonymous tools, confidential contacts, external hotlines); clearly communicated and prominently displayed.
- **Policies:** Define misconduct, reporting, and disciplinary actions; standardise documentation; enforce zero tolerance; ensure legal compliance and periodic review.
- **Patient Awareness:** Display educational materials on rights and reporting; include policy statements in intake forms; provide tailored resources for vulnerable groups.
- **Evaluation & Oversight:** Conduct regular audits; involve external oversight for impartiality; publish anonymised reports on improvements and accountability.

Implications and Recommendations for Regulators

- ▶ Overarching goals for regulators:
 - ▶ Reducing occurrence of sexual misconduct
 - ▶ Supporting reporting of sexual misconduct and those reporting
- ▶ How to get there?
 - ▶ Explicit and consistent sexual misconduct guidelines for regulators
 - ▶ Improving the culture of conversation surrounding sexual misconduct
 - ▶ Overcoming minimization and dismissal, taboo nature, fear of whistleblowing and the stigma association with reporting
 - ▶ Compiling and utilizing good practice across regulators and internationally
 - ▶ Clear reporting mechanisms to establish trust in the system

GDC Standards & Sexual Misconduct

- ▶ Sexual misconduct is not specifically listed within the standards for GDC registrants
- ▶ This review has detailed a lack of clarity regarding how to report incidents of sexual misconduct
- ▶ Explicit standards should be provided with respect to sexual misconduct to protect registrants and the public

Focus on Standards
General Dental Council | protecting patients, regulating the dental team

The 9 Principles

- 1 Put patients' interests first
- 2 Communicate effectively with patients
- 3 Obtain valid consent
- 4 Maintain and protect patients' information
- 5 Have a clear and effective complaints procedure
- 6 Work with colleagues in a way that is in patients' best interests
- 7 Maintain, develop and work within your professional knowledge and skills
- 8 Raise concerns if patients are at risk
- 9 Make sure your personal behaviour maintains patients' confidence in you and the dental profession

Principle Nine

Make sure your personal behaviour maintains patients' confidence in you and the dental profession

Patients expect:

- That all members of the dental team will maintain appropriate personal and professional behaviour
- That they can trust and have confidence in you as a dental professional
- That they can trust and have confidence in the dental profession

Standards & their guidance

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

9.2 You must protect patients and colleagues from risks posed by your health, conduct or performance

9.3 You must inform the GDC if you are subject to criminal proceedings or a regulatory finding is made against you, anywhere in the world

9.4 You must co-operate with any relevant formal or informal inquiry and give full and truthful information

Future Steps

- ▶ Overcoming current lack of research and evidence
 - ▶ Comprehensive UK-specific data on: prevalence, characteristics, and contextual factors underpinning sexual misconduct
 - ▶ Patient-specific data
 - ▶ Piloting and implementation of interventions aimed at managing sexual misconduct and its impact within dental and healthcare settings
- ▶ Inform on national-level processes with effective monitoring, evaluation, reporting and updates

Concurrent Work

- ▶ Professional Conduct and Behaviours of Healthcare Professionals
 - ▶ Sexual misconduct – completed, sourcing further funding
 - ▶ Remediation – completed and published
 - ▶ Fitness to Practice – in progress

Communication and Support at the
General Dental Council



Exploring remediation in Fitness to
Practise at the General Dental Council



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Conclusion

- ▶ This review highlights the need for further research and systemic changes in dentistry to address sexual misconduct effectively.
- ▶ A combined effort from regulators, educational institutions, and professional bodies is critical to foster safer, more equitable environments in dental workplaces.
- ▶ The literature is limited to studies reporting prevalence data and there is a paucity of studies piloting interventions.
- ▶ Future research should prioritise global perspectives, qualitative insights, and evaluation of innovative interventions to combat this pervasive issue.

Extra slides – search terms

Sexual terms	Misconduct terms	Dental terms
AND		
Sexual	Misconduct	Dent*
Sex*	Violence	Dental
	Attack	Dentistry
	Assault	
	Harassment	
	Bullying	
	Victimi?ation	

Extra slides – databases searched

Medical and Health Sciences Databases	Regional and Discipline-Specific Databases
PsycINFO	Dentistry & Oral Sciences Source
PubMed	ASSIA
Embase	African Journals Online (AJOL)
CINAHL	Latin American and Caribbean Health Sciences Literature (LILACS)
Web of Science	Scientific Electronic Library Online (SciELO)
Cochrane Library	African Index Medicus (AIM)
MEDLINE	KoreaMed
Scopus	Western Pacific Region Index Medicus (WPRIM)
AMED	China National Knowledge Infrastructure (CNKI)
Ovid Technologies	ThaiJO
ProQuest	e-Marefa
Academic Medicine	Philippine E-Journals (PEJ)
Google Scholar	J-STAGE
MedEdPORTAL	SA ePublications
BioMed Central	
Cochrane Collection Plus	

Context of dentistry in the UK



Dental settings



Shared risk factors
with health care

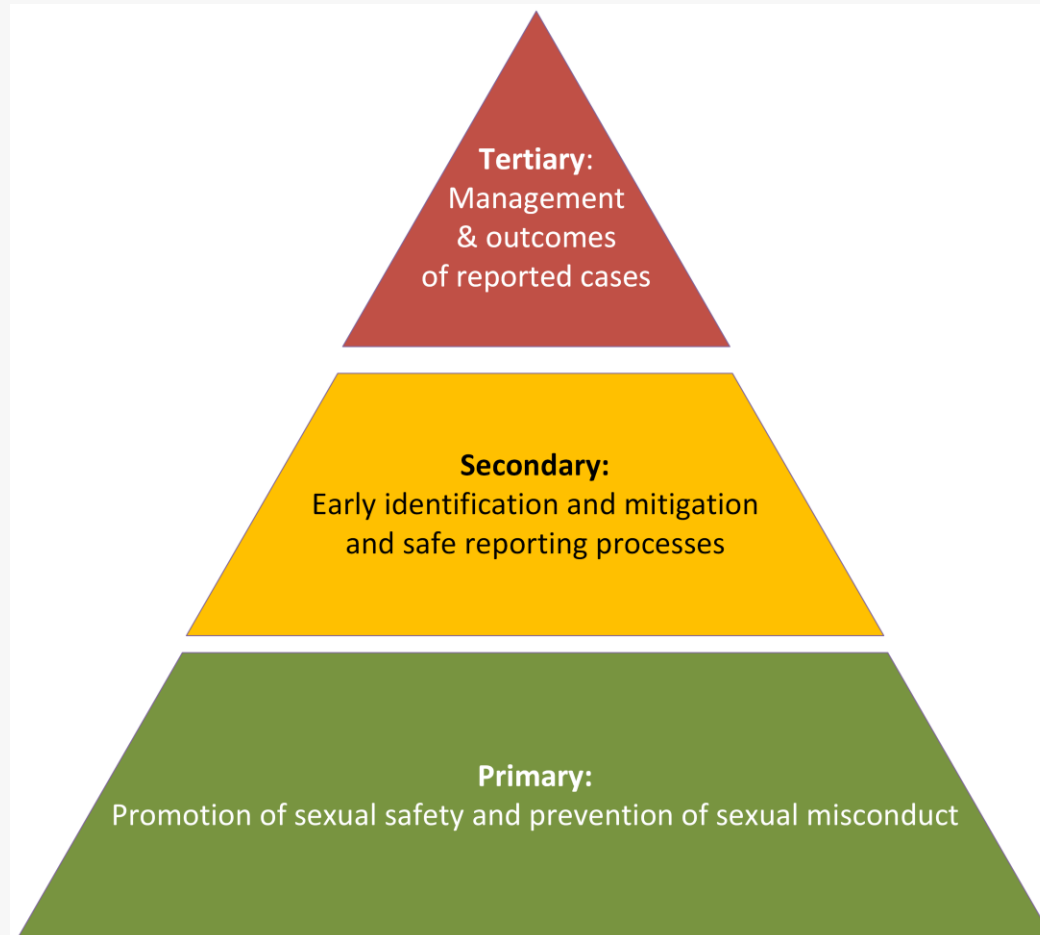


Prevalence surveys
and reports



Case referrals to
the GDC

A framework for action



Questions and thoughts welcome..

