

**Nursing and Midwifery Council  
Fitness to Practise Committee**

**Substantive Order Review Hearing  
Monday, 11 August 2025**

Virtual Hearing

<b>Name of Registrant:</b>	Samantha Jane Dixon	
<b>NMC PIN</b>	08A2250E	
<b>Part(s) of the register:</b>	Registered Nurse – Adult Nursing RNA – (24 October 2008)	
<b>Relevant Location:</b>	Sunderland	
<b>Type of case:</b>	Misconduct	
<b>Panel members:</b>	James Carr Steven Brennan-Collis John Marley	(Chair, Lay member) (Registrant member) (Lay member)
<b>Legal Assessor:</b>	Nigel Mitchell	
<b>Hearings Coordinator:</b>	Nicola Nicolaou	
<b>Nursing and Midwifery Council:</b>	Represented by Tony Convery, Case presenter	
<b>Mrs Dixon:</b>	Present and represented by Khaled Hussain-Dupre, from Sequentus	
<b>Order being reviewed:</b>	Suspension order (12 months)	
<b>Fitness to practise:</b>	Impaired	
<b>Outcome:</b>	<b>Suspension order (3 months) to come into effect on 27 August 2025 in accordance with Article 30 (1)</b>	

## **Decision and reasons on review of the substantive order**

The panel decided to extend the current suspension order for a further period of three months.

This order will come into effect at the end of 27 August 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order imposed for a period of 12 months by a Fitness to Practise Committee panel on 25 July 2024.

The current order is due to expire at the end of 27 August 2025.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved by way of admission which resulted in the imposition of the substantive order are as follows:

*'That you, a registered nurse:*

- 1. Whilst employed by South Tyneside and Sunderland NHS Trust ('the Trust'), worked for ProHealth Care Agency and/or University Hospital of North Tees whilst on sick leave from the Trust, on one or more of the dates, on one or more occasion, set out in Schedule 1.*
- 2. Your conduct as alleged in charge 1 was dishonest in that you knew that you should not work elsewhere whilst on sick leave from the Trust.*
- 3. Between 1 January 2019 and 31 December 2020, did not inform ProHealth Care Agency and/or University Hospital of North Tees Trust that you were subject to restrictions placed on you by the Trust.*

4. *Your conduct as alleged in charge 3 was dishonest in that you represented to your employment agency and/or University Hospital of North Tees that your registration was not subject to restrictions when you knew it was.*
5. *Whilst employed by the Trust, made the following medication errors:*
  - a) *On 29 July 2017, gave Gentamicin to the wrong patient.*
  - b) *On 1 February 2018, failed to document that you had disposed of bottles of Oramorph.*
  - c) *On 29 April 2018, administered 1gm of Paracetamol when 500mg was prescribed to an unknown patient.*
  - d) *On 8 May 2018, administered a 1 litre bag of saline without a prescription to an unknown patient.*
  - e) *On 30 July 2018, administered intravenous antibiotics to the wrong patient.*
  - f) *On 23 October 2018, administered Gentamicin intramuscularly when it had been prescribed to an unknown patient to be given intravenously.*
  - g) *On 31 May 2019, administered a PEJ feed at the incorrect dose volume of 100ml per hour rather than 45ml per hour to an unknown patient.*
6. *Whilst working for University Hospital of North Tees, on or before 16 September 2019, incorrectly told an unknown patient that Morphine was no longer prescribed for them, even though it was on the patient's chart.*
7. *Whilst employed by Spire Healthcare, made the following errors:*
  - a) *On 19 April 2023, failed to identify that medication needed to be administered by IV and not orally for an unknown patient.*
  - b) *On an unknown date between April and May 2023, asked a band 5 nurse to sign off a control drug when you knew you needed to ask a more senior colleague.*
  - c) *On 12 May 2023, admitted an unknown patient to the ward with an incorrect name on their wrist band.*

*AND in light of the above, your fitness to practise is impaired by reason of your misconduct.*

*Schedule 1*

*17 July 2019*  
*23 July 2019*  
*24 July 2019*  
*25 July 2019*  
*30 July 2019*  
*01 August 2019*  
*10 April 2020*  
*11 April 2020*  
*12 April 2020*  
*13 April 2020*  
*14 April 2020*  
*19 April 2020*  
*20 April 2020*  
*21 April 2020*  
*22 April 2020'*

The original substantive panel determined the following with regard to impairment:

*'The panel next went on to decide, if as a result of the misconduct, your fitness to practise is currently impaired.*

*In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:*

*'The question that will help decide whether a professional's fitness to practise is impaired is:*

*"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*

*If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'*

*Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.*

*In this regard the panel considered the judgment of Mrs Justice Cox in the case of CHRE v NMC and Grant in reaching its decision. In paragraph 74, she said:*

*'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

*In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:*

*'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:*

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

*The panel finds that patients were put at risk as a result of your misconduct. Your misconduct breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.*

*In these circumstances, the panel determined that all four limbs of Grant are engaged, in relation to your actions in the past.*

*The panel had regard to your reflective piece and a reflective essay, dated 8 July 2024, titled 'Reflection on Medication Errors and [PRIVATE] Using Gibbs Reflective Model'. It also had regard to several testimonials dated between 2020 and 2023, as well as your training certificates dated 2022 and 2023.*

*The panel considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. The panel took into account the successful training that you undertook in 2022 and 2023.*

*Regarding insight, the panel took into account that you made full admissions to all of the charges and that you verbally apologised for your misconduct which you accepted is serious. You have also provided some information as*

*to how you would handle the situation differently in the future and you have stated that [PRIVATE].*

*However, the panel was of the view that your reflective pieces mainly focus on one aspect, namely the drug administration errors, and that they do not fully address the risk that you posed to patients, or the impact that your actions had on patients and colleagues. You have not fully recognised the seriousness of making these errors and the seriousness of being under local conditions by the Trust yet choosing to go and work somewhere else, without restriction.*

*In these circumstances, the panel determined that you have not fully demonstrated an understanding of how your actions put patients at a risk of harm, nor demonstrated a complete understanding of why what you did was wrong and how this impacted negatively on the reputation of the nursing profession.*

*Further, the panel was of the view that you have not yet remedied the risk to the public as your reflective pieces and oral evidence did not fully address the dishonesty charges. The panel acknowledged [PRIVATE] but was unable to satisfy itself that there was a direct linkage between these and your dishonest actions.*

*The panel found your testimonials to be brief and they did not reference the extent or nature of the charges against you.*

*The panel was of the view that medication errors are in principle remediable. It considered, however, that dishonesty charges are more difficult to remediate as they are attitudinal in nature, and the bar to remediation in this case is therefore high.*

*The panel acknowledged that you were signed off as competent in medication administration by Crown Care Balmoral Court on 16 January 2024. However, given the number and nature of your previous failings it was not yet satisfied*

*that you have demonstrated a long enough period of safe practice. In regard to the dishonesty charges, it determined that the high bar to remediate these has not yet been met.*

*In light of the above, the panel determined that there is a risk of repetition. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.*

*The panel bore in mind the overarching objectives of the NMC to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.*

*The panel concluded that public confidence in the profession would be undermined if a finding of impairment was not made in this case. The panel therefore decided that a finding of impairment is also necessary on the grounds of public interest.*

*Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.'*

The original substantive panel determined the following with regard to sanction:

*'The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:*

- A single instance of misconduct but where a lesser sanction is not sufficient;*
- No evidence of harmful deep-seated personality or attitudinal problems;*
- No evidence of repetition of behaviour since the incident;*

- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour; and*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

*The panel was mindful of the NMC's submission advocating a suspension order. It considered that, whilst your misconduct was serious and was not a single incident, you have made considerable efforts to develop your insight, you have shown remorse and made admissions. As such, whilst dishonesty is attitudinal in nature, it did not consider that you demonstrated harmful, deep seated personality or attitudinal problems that could not be remediated. The panel also considered that there have been no complaints or repetition of the misconduct while you have been working under interim conditions of practice with your current employer. The panel recognised that your remediation in respect of your dishonesty was as yet incomplete, but it was satisfied that you were making genuine efforts in this respect.*

*The panel did not consider that there was a significant risk of your repeating your dishonest conduct. The panel also took account of the agreed fact that [PRIVATE] at the time of the misconduct, albeit it could not establish a direct linkage between [PRIVATE] and the misconduct. The panel considered your evidence that [PRIVATE]. Weighing all of these factors, the panel was satisfied that in this case the misconduct was not fundamentally incompatible with your remaining on the register.*

*In considering the serious nature of the misconduct of your case, the panel gave careful consideration as to whether it should impose a striking-off order. However, given the background and context of your case, and taking account of the mitigation provided, the panel concluded that it would not be necessary to impose a striking-off order at this stage.*

*Balancing all of these factors, the panel concluded that a suspension order would be the appropriate and proportionate sanction.'*

### **Decision and reasons for hearing to be held partly in private**

During your evidence, the panel, of its own volition, indicated to parties that it should hear matters relating to your personal life in private, pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Convery, on behalf of the Nursing and Midwifery Council (NMC) indicated that he supported the application.

Mr Hussain-Dupre, on your behalf, also indicated that he supported the application.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined to go into private session as and when matters relating to your personal life arise in order to protect your privacy.

### **Decision and reasons on current impairment**

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle and your reflection bundle. The panel also noted that you gave oral evidence

under affirmation. It has also taken account of the submissions made by Mr Convery on behalf of the NMC. He submitted that whether your fitness to practise is currently impaired is a matter for the panel.

Mr Hussain-Dupre submitted that you have demonstrated insight through your reflective piece, your oral evidence, and your written statement dated 10 August 2025. He submitted that 12 months have passed since the imposition of the substantive suspension order, and therefore the public interest has been marked.

Mr Hussain-Dupre submitted that you accept that you have not been able to provide evidence by way of testimonials or references from your current employer, however, he submitted that this is because you were due to start your current role as a senior carer in June 2025, but was not able to start until 7 August 2025 and therefore have only worked one shift.

Mr Hussain-Dupre submitted that an order is no longer necessary, however if the panel determine that an order is necessary, a conditions of practice order should be appropriate and proportionate to your current role as a senior carer, and not a registered nurse. alternatively, Mr Hussain-Dupre submitted that if the panel determine that a more restrictive sanction is necessary, a suspension order for a period of six months would be appropriate to allow you time to adjust to your new role and demonstrate a period of strengthened practice.

The panel heard and accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired.

The panel noted that the original substantive panel found that you had insufficient insight. At this hearing, the panel considered that you have demonstrated sufficient insight. It acknowledged your early admissions to the charges at the original

substantive hearing. The panel also took into account your oral evidence today in which you explained why it is important not to repeat your past actions in the future.

However, the panel considered that there remains a risk of harm to the public in relation to the medication errors as you have not been able to work as a registered nurse, or manage and administer medications. The panel noted that in your current role as a senior carer, you will be allowed to manage and administer medication.

The panel further considered that in the absence of a management reference confirming your honesty and openness during the most recent application process, there still remains a risk, albeit low, to the public in terms of your dishonesty. The panel would like to have seen such information from your current employer.

The panel determined that you remain liable to repeat matters of the kind found proved. As such, the panel determined that your fitness to practise remains impaired on the ground of public protection only.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is no longer required and that the public interest has been met by the 12-month suspension order imposed on 25 July 2024.

For these reasons, the panel finds that your fitness to practise remains impaired.

### **Decision and reasons on sanction**

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate given the finding of current impairment. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original substantive hearing and concluded that a conditions of practice order would not adequately protect the public given the existing concerns relating to your dishonesty. If it were not for the dishonesty element of this case, the panel would have considered a conditions of practice order in relation to the medication errors alone.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow you time to adjust to your new role as a senior carer where you would be allowed to manage and administer medications. The panel considered that this further period of suspension will also allow you an opportunity to provide some references from your current employer discussing your transparency in the application process of your current role. The panel determined therefore that a suspension order is the appropriate sanction which would continue to protect the public. It considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current suspension order, namely at the end of 27 August 2025 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- References from your current employer, including discussing your transparency during the application process relating to your referral, and the concerns of dishonesty and medicine administration errors.
- Evidence from your current employer discussing your safe management and administration of medications.
- Any evidence of continued professional development.

This will be confirmed to you in writing.

That concludes this determination.