Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Friday 14 August 2026

Virtual Hearing

Name of Registrant:	**Julia Ann Nixon**
NMC PIN	09H1870E
Part(s) of the register:	Registered Nurse- Sub Part 1 Adult Nurse (21 September 2009) V300 Nurse Independent / Supplementary Prescriber (16 May 2015)
Relevant Location:	Staffordshire
Type of case:	Misconduct
Panel members:	Richard Youds (Chair, lay member) Roisin Toner (Registrant member) Alison McVitty (Lay member)
Legal Assessor:	Ben Stephenson
Hearings Coordinator:	Shela Begum
Nursing and Midwifery Council:	Represented by Lucy Curran, Case Presenter
Mrs Nixon:	Not present and unrepresented at the hearing
Order being reviewed:	Case 085052 Suspension order (12 months) Case 094889 Suspension order (12 months)
Fitness to practise:	Case 085052 Impaired Case 094889 Impaired
Outcome:	**Case 085052 - Striking-Off order to come into effect on 27 November 2026 in accordance with Article 30 (1)** **Case 094889 - Striking-Off order to come into effect on 19 September 2026 in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Nixon was not in attendance and that the Notice of Hearing had been sent to Mrs Nixon's registered email address by secure email on 16 July 2026.

Ms Curran, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mrs Nixon's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Mrs Nixon has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mrs Nixon

The panel next considered whether it should proceed in the absence of Mrs Nixon. The panel had regard to Rule 21 and heard the submissions of Ms Curran who invited the panel to continue in the absence of Mrs Nixon.

Ms Curran referred the panel to an email from Mrs Nixon dated 12 August 2026 in which she stated:

> *"After much consideration I have decided to not attend the hearing."*

Ms Curran submitted that Mrs Nixon's decision not to attend amounted to a voluntary absence. Given that the matter concerned a substantive order, she submitted that there was an onus on Mrs Nixon to attend, having regard to the importance of her participation in the proceedings.

Accordingly, Ms Curran invited the panel to proceed in Mrs Nixon's absence. She submitted that Mrs Nixon had been properly notified of the hearing and had made an informed decision not to attend on this occasion.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mrs Nixon. In reaching this decision, the panel has considered the submissions of Ms Curran, the representations from Mrs Nixon and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Nixon;
- Mrs Nixon has indicated that she has received the Notice of Hearing and has notified the NMC that she will not be in attendance at the hearing;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mrs Nixon.

Decision and reasons on review of the substantive order

The panel impose a Striking off order in respect of both cases. This will take effect upon the expiry of the current suspension orders, namely the end of 19 September 2026 (in respect of 094889) and 27 November 2026 (in respect of 085052) in accordance with Article 30(1).

This is the second substantive review in respect of both of Mrs Nixon's cases.

In case 085052, a substantive conditions of practice order was imposed on 30 October 2024. On 8 August 2025, the reviewing panel replaced the conditions of practice order with a 12-month suspension order.

In case 094889, a substantive suspension order was imposed on 14 April 2025. On 8 August 2025, the reviewing panel imposed a further 12-month suspension order.

In case 085052, the current suspension order is due to expire on 27 November 2026. In case 094889, the current suspension order is due to expire on 19 September 2026.

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

Case 085052

The charges found proved which resulted in the imposition of the substantive conditions of practice order were as follows:

'That you, a registered nurse, on 13 December 2019 in respect of Patient A:

1. *…*
    a) *…*
        i) *…*
        ii) *…*
        iii) *…*
    b) *…*
    c) *…*

2. *Failed to discuss clinical red flag warning signs.*

3. *Failed to advise Patient A that if they experience any worsening symptoms and/or have any concerns then they should:*

a) *contact out of hours/111.*

b) *seek further medical advice/review.*

4. *Recorded in Patient A's notes that you had discussed clinical red flag warning signs with them when you had not.*
5. *Recorded in Patient A's notes that you had advised them that if they had any concerns at all they should seek review and/or provided details for out of hours/111 when you had not.*
6. *…*
7. *…*

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

Case 094889

The charges found proved which resulted in the imposition of the substantive suspension order were:

'That you, an Advanced Nurse Practitioner:

1) *On 12 July 2022 in respect of Patient A:*
   a) Did not undertake a home visit when it was clinically justified.
   b) Delegated the task to undertake a home visit to a Health Care Assistant when it was not clinically appropriate.

1) *In respect of Patient B:*
   a) Did not undertake a home visit on 31 January 2023 and/or 10 February 2023 when a home visit was clinically justified.
   b) On 31 January 20223 ***2023*** *incorrectly recorded "no red flags" when Mrs 1 reported to you they:*
      i) Had weight loss.

ii) Had problems with their bowels.

iii) Were not eating.

2) In respect of Patient C:

a) Did not undertake a home visit on 7 March 2023 as requested to do so by Dr 1.

b) Between 7 March 2023 and 25 March 2023 did not carry out a clinical assessment as requested to do so by a Dr 1.

c) During a conversation with Patient C did not allow them the opportunity to find the key safe code required to enter their property and/or discouraged them from providing the key safe code directly to you which would have allowed you access to their property.

d) Did not adequately safeguard Patient C as you placed the onus on Patient C to contact their carer and request the carer to provide the key safe code required to enter their address to the GP Practice.

e) Did not follow up to ensure carer/s had provided key safe code to the GP Practice.

4) In respect of Patient D:

a) Did not undertake a home visit on 8 and/or 9 March 2023 when it was clinically justified.

b) On 8 March 2023;

i) Incorrectly record "is taking plenty of fluids".

ii) Declined to order barrier cream without clinical justification.

iii) …

iv) …

v) Failed to record on EMIS that they reported that they "can't eat or swallow" or words to that effect.

vi) …

c) On 9 March 2023 failed to recognise their worsening condition in that they;

i) Reported that they have not eaten.

ii) Reported that they have been "heaving" or words to that effect.

iii) Were gasping when they were talking.

d) Failed to record clinical justification for not visiting on 9 March 2023 when you previously decided home visit was clinically justified.

e) On 10 March 2023 inaccurately recorded on EMIS;

i) …

ii) …

5) In respect of Patient E:

a) On 8 March 2023;

i) Failed to undertake a home visit when it was clinically justified.

ii) Failed to record as reported to you by Mrs 2 that they "have to be careful of what Patient E eats any way because he is aspirating" or words to that effect.

iii) Did not consider and/or assess the risk of aspiration and/or minimised the potential severity of risk.

iv) Failed/did not to recognising ***recognise*** *their worsening/deteriorating condition in that it was reported to you.*

v) …

b) Did not conduct adequate safety netting in that you did not telephone them on 9 March 2023 when you had stated you would do so or, in the alternative failed to record that you had telephoned them on 9 March 2023.

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

The first reviewing panel determined the following with regard to impairment:

"The panel considered whether Mrs Nixon's fitness to practise remains impaired. The panel adopted a two-stage process to first consider the case of 085052 with the conditions of practice order and then the case of 094889 with the suspension order.

Case 085052

The panel decided that under the case of 085052 Mrs Nixon's fitness to practise remains impaired.

The panel noted that Mrs Nixon, prior to this hearing, had indicated that she had been unable to comply with Condition 2 of the conditions of practice order, as it was unworkable. Consequently, she had left her previous employment and has not worked since the end of 2024. The panel considered a statement from a former senior colleague, submitted by Mrs Nixon today which supported her previous assertion.

The panel carefully considered the reflective piece submitted by Mrs Nixon. The panel note that Mrs Nixon has demonstrated some insight into her actions which resulted in her misconduct, but that this insight is limited.

The panel noted that Mrs Nixon has provided no reflection or insight on how her actions impacted patients, colleagues and public confidence and perception on the profession. There is no evidence before the panel from Mrs Nixon explaining how she would do things differently if practising in a similar environment and situation. In the circumstances the panel cannot be satisfied that her misconduct is unlikely to be repeated.

The panel noted that apart from the statement from her senior colleague referred to above, Mrs Nixon has not provided any references or testimonials nor evidence of continued learning or development. Furthermore, no evidence has been provided that would indicate that Mrs Nixon can practise safely, kindly and effectively.

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 continued impairment on both public protection and public interest grounds is required.

The panel was mindful that Mrs Nixon is currently subject to two separate substantive orders and as such, felt it appropriate to consider the wider

circumstances and consider matters as a whole when determining the most appropriate sanction. The panel moved therefore to consider the facts of case 094889.

Case 094889

The panel decided that under case 094889 Mrs Nixon's fitness to practice remains impaired.

It is the panel's view that the concerns raised under case 094889 are remediable but Mrs Nixon has provided no evidence to indicate that she has remediated.

The panel noted that Mrs Nixon has shown only limited insight into her actions and there is no evidence that she has taken adequate steps to remediate and develop her skills and knowledge. In the circumstances the panel cannot be satisfied that her misconduct is unlikely to be repeated

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 continued impairment on both public protection and public interest grounds is required.

For these reasons, the panel finds that Mrs Nixon's fitness to practise remains impaired."

The first reviewing panel determined the following with regard to sanction:

"Having found Mrs Nixon's 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.

Case 085052

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. 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 Mrs Nixon's 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 Mrs Nixon's 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 imposing a conditions of practice order on Mrs Nixon's registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that Mrs Nixon has been unable to comply with the conditions of practice order. Mrs Nixon initially claimed that Condition 2 was unworkable, but the panel noted that no application was made to vary this condition and that subsequently a concurrent suspension order was imposed.

The panel noted that Mrs Nixon had shown very limited insight and remorse into her actions and the effect these actions had on patients, colleagues and the public's perception of the profession. In the light of this, and in the absence of any evidence of further training and professional development, the panel concluded that a conditions of practice order was not appropriate in the circumstances.

On this basis, the panel concluded that a conditions of practice order is no longer appropriate in this case. The panel concluded that no workable conditions of practice could be formulated which would protect the public or satisfy the wider public interest.

The panel determined therefore that a suspension order is the appropriate sanction which would both protect the public and satisfy the wider public interest. Accordingly, the panel determined that imposing a suspension order for the period of 12 months would provide Mrs Nixon with an opportunity to engage with the NMC to provide evidence of her strengthening of practice, learning and development.

This suspension order will take effect upon the expiry of the current conditions of practice order, 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.

Case 094889

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. 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 Mrs Nixon's 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 Mrs Nixon's 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 Mrs Nixon's 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 hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Mrs Nixon's misconduct.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mrs Nixon further time to fully reflect and demonstrate further insight into her previous acts and omissions. Mrs Nixon has demonstrated limited insight, but it is the panel's view that she has failed to recognise the impact her actions and behaviour had on patients, colleagues and the wider impact on public confidence and perception of the profession. Further, despite not practising since around October 2024, Mrs Nixon has failed to provide the panel with any evidence that she has undertaken training or any professional development.

The panel concluded that a suspension order would be the appropriate and proportionate response and would afford Mrs Nixon adequate time to further develop her insight and take steps to strengthen her practice. It would also give Mrs Nixon an opportunity to provide a future panel with character references and testimonials obtained from a professional setting which demonstrate how she has been able to remediate and reflect upon her previous misconduct, and is now able to practise kindly, safely and effectively.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 12 months. It considered this to be the most appropriate and proportionate sanction available."

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Nixon's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively 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 the responses from Mrs Nixon. It also had regard to the submissions from Ms Curran.

Ms Curran submitted that the matter concerned a review of two substantive orders previously imposed as sanctions by fitness to practise panels. She provided a brief summary of the chronology of the cases and reminded the panel that every substantive order must be reviewed before its expiry and that the panel has the power to confirm the existing order, replace it with another order, or allow it to lapse.

Ms Curran submitted that the misconduct previously found was serious. She submitted that there remained risks to patients and to public confidence in the nursing profession and in Mrs Nixon's ability to practise safely. She further submitted that Mrs Nixon had demonstrated very limited insight, if any, and had adopted a defensive position without acknowledging the mistakes identified or taking responsibility for them.

Ms Curran submitted that, in a review hearing of this nature, the burden was on Mrs Nixon to demonstrate that she was no longer impaired. Given Mrs Nixon's absence from the hearing, the panel was required to rely on the documentation she had provided. Ms Curran submitted that this documentation demonstrated very limited awareness or recognition of the mistakes which had occurred over a period of time and which had ultimately amounted to the misconduct found by the original panel.

Ms Curran submitted that, of the options available to the panel, the NMC's position was that the current suspension order should not be allowed to lapse on the basis that Mrs

Nixon's fitness to practise was no longer impaired. She referred to an error in the documentation before the panel, and confirmed that Mrs Nixon's registration remained active solely due to the suspension orders that are currently in place. Mrs Nixon's registration fees had expired on 30 September 2025.

Ms Curran submitted that she did not propose to rehearse the details of the original misconduct, as the panel had the benefit of the detailed decisions of the original fitness to practise panels. She noted that those decisions were thorough and set out the basis upon which the substantive orders had been imposed. She reminded the panel that a suspension order was a serious sanction and was not imposed lightly. The NMC's position was that the suspension orders had been an appropriate and proportionate sanction at the time they were imposed.

Ms Curran acknowledged that the panel had the power to replace a suspension order with a conditions of practice order. However, she submitted that, given the risks associated with Mrs Nixon, the panel might consider that a conditions of practice order would not be appropriate.

In conclusion, Ms Curran submitted that the decision as to what order, if any, should follow was a matter for the panel. However, the NMC's principal submission was that, if the panel found that Mrs Nixon's fitness to practise remained impaired, the current suspension orders should not be allowed to lapse upon expiry.

The panel had regard to the email from Mrs Nixon to the NMC dated 12 August 2026 in which she stated:

> *"There are as you are aware 2 cases. The first one is where I attended a virtual hearing. This was quite possibly one of the worst things I have ever had to endure. I was treated like an actual criminal. In fact, an actual court wouldn't treat a person as I was treated. The outcome was that I had wrote on my notes return if no better, out of hours 111 or red flags attend A&E but I had accidentally "forgot" to say it? When I trained I was taught that if you didn't write it down then you didn't say it and you didn't do it? I did write it down yet was still seemed wrong? This resulted in conditions of practice. I was already working under these and had done so for 15*

months but the new ones meant that my employer was no longer able to accommodate as direct rather than indirect supervision was required for a percentage of patients. It was a busy urgent care centre so this was impossible. This resulted in my career effectively ending.

So some bullet points to clarify? The first case took approximately 4.5 years to get to hearing. During this time (and many years prior) I had worked with no issues, no complaints and no issues with my clinical competencies. I was employed at the urgent care centre prior to going on to general practice. (This was one of the worst decisions of my life!) Initially general practice was fine. A massive learning curve, lots of autonomy and experience was gained and I enjoyed it. Management was supportive and the team flourished. I became the senior advanced nurse practitioner and lead nurse. It was at that time a great place to work. My line manager was Dr Alwyn Ralphs. He has written me a reference again which I shall attach for your reference. He was an excellent personable doctor, highly respected and highly knowledgeable. He sadly decided to retire. The other partners are the ones who suspended, sacked and reported me to the nmc. They were nothing like him. It soon became clear that they had the idea that they would be perfect and as the practice had previously achieved outstanding by the cqc nothing was going to stop them from achieving the same. Dr Edwards actually said to me they would not be beaten by them! Whilst the first case was being investigated he showed me nothing but support! I have copies of text messages from them Both telling me how wonderful I was and appreciated! Really. That were regularly telling me that nothing would come of it as I did nothing wrong and it was all he said she said! He even wrote me a reference which again I shall attach to help you understand my perspective. They were recording internal as well as external phone calls and intercepting emails. It's soon became apparent they

wanted to control every single aspect of the practice and its staff. I will never fully understand why they did what they did to me but I feel I did not fit their narrative. They disliked anyone who would dare to have an opinion and think they are perfect. Lots of doctors left, some who had worked there for years but once those two took over could not stand the bullying, narcissistic toxic work environment. May I add this is not just my opinion. These doctors submitted testimonies for me initially but like I said before, these are not considered and I don't understand why? They know what these doctors are like. The way they treat people and nothing gets or will ever get

done about it. Who manages general practice! They do whatever they like with no consequences and it needs to stop. It's too late for me now but not for others and it's so wrong. As you are aware the nmc are under intense scrutiny at the moment, increased suicide rates, mental breakdowns the list goes on. I am aware that you are there to protect the public but what happened to common sense? Good nurses are dying as they have been let down by them. I have come extremely close to this, I suffered a complete breakdown and this is the main reason I am unable to tolerate attending any hearings. It broke me last time."

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 had regard to the legal advice of the legal assessor. The panel understood that the question for it was whether Mrs Nixon's fitness to practise is currently impaired, and that the persuasive burden was on Mrs Nixon to satisfy the panel that she is no longer impaired.

The panel considered whether Mrs Nixon's fitness to practise remains impaired.

The panel considered separately the nature and seriousness of the misconduct in both cases, whilst having regard to the fact that the two substantive orders are currently in force and that the concerns identified in both cases are relevant to the overall assessment of Mrs Nixon's current fitness to practise.

Case 085052

The panel first considered case 085052. The concerns in this case arose from Mrs Nixon's management of Patient A, including her failure to discuss clinical red flag warning signs, failure to provide appropriate safety-netting advice and inaccurate recording in the patient's notes that these matters had been discussed when they had not.

The panel noted that the previous reviewing panel found that Mrs Nixon had demonstrated some, but limited, insight into her misconduct. It found no evidence that she had reflected on the impact of her actions on patients, colleagues or public confidence in the profession. The previous panel was also unable to identify evidence demonstrating how Mrs Nixon would practise differently in a similar situation in the future.

The current panel has considered whether there has been sufficient development since that review. It has had particular regard to Mrs Nixon's email dated 12 August 2026, which was the only new information before it today. Whilst Mrs Nixon has provided her account of the circumstances surrounding the proceedings and has described the impact that the process has had upon her, the panel did not consider that her account demonstrated insight into the misconduct found proved, but decided that Mrs Nixon's level of insight has fallen. It considered that Mrs Nixon's account remained largely defensive and focused on her perception that she had been treated unfairly by her former employers and through the regulatory process. The panel accepted that the proceedings had been difficult for Mrs Nixon but considered that her account remained predominantly focused on the impact on herself and did not demonstrate any reflection on the patient, the potential risk of harm or the standards expected of her as a nurse.

In particular, the panel was concerned that Mrs Nixon had not adequately acknowledged the seriousness of failing to provide appropriate safety-netting advice, failing to discuss red flag symptoms and recording that such matters had been discussed when they had not. There was no explanation of how she would approach similar circumstances differently in the future. The panel concluded that there had been no remediation. There was no evidence that Mrs Nixon had undertaken any training, continuing professional development or other steps to strengthen her practice in response to the concerns identified. Although Mrs Nixon has not practised since approximately October 2024, the panel considered that she could still have undertaken learning and professional development during that period.

The panel therefore concluded that Mrs Nixon had not demonstrated sufficient insight or remediation to satisfy it that the risk of repetition had been addressed in respect of the misconduct in Case 085052.

Case 094889

The panel then considered whether Mrs Nixon's fitness to practise remains impaired in respect of case 094889.

The misconduct in this case was significantly broader and involved Patients A to E. The concerns included failures to undertake clinically justified home visits, inappropriate delegation, failures to recognise and respond to deteriorating patients, inadequate clinical assessment and safeguarding, inadequate safety-netting and inaccurate or incomplete clinical records.

The panel considered that the concerns in this case were particularly significant because they involved multiple vulnerable patients and occurred over a substantial period of time. The panel was concerned that the misconduct demonstrated repeated failures in fundamental aspects of patient care and safeguarding rather than an isolated clinical error. The panel considered that this pattern of conduct heightened the risk to patient safety.

The previous reviewing panel found that the concerns were capable of remediation but that Mrs Nixon had provided no evidence that she had remediated them. It found that she had demonstrated only limited insight and had failed to recognise the impact of her actions on patients, colleagues and public confidence in the profession.

The current panel found that there had been no material improvement in this regard and that Mrs Nixon insight has reduced. There was no evidence before the panel that Mrs Nixon had undertaken relevant training, continuing professional development, supervised practice or any other steps to address the clinical deficiencies identified in the original proceedings. The panel noted that Mrs Nixon has not practised since approximately October 2024. While the panel accepted that she has therefore had no opportunity to demonstrate safe practice in employment during this period, there was also no recent evidence of remediation or strengthened practice upon which the panel could conclude that she is currently able to practise safely and effectively without restriction.

The panel also considered that Mrs Nixon's lack of insight was particularly concerning in the context of this case. As an advanced nurse practitioner, Mrs Nixon held a senior and

autonomous role and was expected to possess the knowledge and skills necessary to recognise clinical deterioration, safeguard vulnerable patients and make appropriate decisions about their care.

The panel found that Mrs Nixon's recent account did not demonstrate recognition of the potential consequences of the conduct found proved. There was no reflection on the individual clinical concerns and no explanation of how she would manage similar situations differently in future. The panel was therefore not satisfied that the concerns identified in case 094889 had been remediated or that the risk of repetition had been reduced.

The panel was concerned that Mrs Nixon had not demonstrated any understanding of the extent to which her actions placed patients, colleagues and the GP practice at risk. Her inappropriate delegation of a home visit to a healthcare assistant demonstrated a failure to appreciate the professional and patient-safety implications of delegating clinical responsibilities in circumstances where it was not appropriate to do so. Nor had she demonstrated how she would approach similar clinical situations differently were she to return to practice. The panel therefore did not consider that her account provided reassurance that the underlying concerns had been addressed.

The panel also considered the inaccurate and incomplete clinical records. It noted that the subsequent audit of Mrs Nixon's records identified a number of concerns. The panel was concerned that, rather than demonstrating insight into the importance of appropriate clinical documentation and the need for appropriate professional oversight, Mrs Nixon appeared to regard the scrutiny of her records by others as unjustified. The panel considered that this further demonstrated a failure to recognise the responsibilities of senior clinicians and the importance of ensuring that practice is safe and capable of withstanding appropriate professional scrutiny.

In reaching its conclusions in both cases, the panel has considered Mrs Nixon's email to the NMC dated 12 August 2026. The panel acknowledged that Mrs Nixon has expressed her views about the circumstances which led to the original proceedings and the impact which the proceedings and resulting orders have had upon her. She has described the effect of the proceedings on her personally and has provided her account of her previous

employment. However, the panel does not consider that the contents of her email demonstrate the level of insight required to satisfy it that she is no longer impaired.

In particular, Mrs Nixon's reflections remain substantially focused upon her disagreement with the findings made against her, the conduct of her former employers and her perception that she was treated unfairly by the NMC and the previous panels. Whilst the panel recognises that Mrs Nixon may genuinely hold these views, the email contains very no recognition of the seriousness of the concerns found proved against her. There is no reflection on the potential or actual impact of her actions and omissions upon the patients concerned, including the risks arising from failures to undertake clinically justified home visits, failures to recognise and respond to deteriorating patients, inadequate safety-netting and inaccurate or incomplete clinical records.

The panel gave careful consideration to the references and testimonials provided by Mrs Nixon. The panel acknowledged that these generally describe her positively and attest to her previous character as a nurse. However, they do not address the specific clinical concerns found proved in either case and do not provide evidence of remediation or insight into the impact of the misconduct. The panel also noted that some of the references relate to earlier periods of Mrs Nixon's career or different roles and therefore provide limited evidence of her current ability to practise safely and effectively in the advanced nurse practitioner role relevant to these proceedings. The panel also noted that there is no indication within the references that the authors are aware of the matters found proved against Mrs Nixon.

The panel also considered the absence of recent clinical practice. It accepted that Mrs Nixon has not been working since approximately October 2024 and therefore has not had an opportunity to demonstrate her current practice in an employment setting. However, the panel considered that this did not prevent her from undertaking relevant learning, training and professional development or from providing evidence of reflection and remediation. No such evidence was before the panel.

The panel was particularly concerned by the limited insight demonstrated in Mrs Nixon's recent written account. Whilst she accepts that the proceedings have had a significant impact upon her, she has not demonstrated understanding of the impact of her conduct

upon patients, their families, colleagues or public confidence in the nursing profession. The panel considered that her focus remained largely inward-looking, with responsibility for her circumstances attributed to others, rather than demonstrating the patient-focused reflection required to establish remediation.

The panel recognised that the misconduct in both cases is capable of remediation. However, the fact that misconduct is capable of remediation does not, in itself, establish that remediation has occurred. On the evidence before it, the panel was not satisfied that Mrs Nixon had taken sufficient steps to address the deficiencies identified in either case.

The panel has carefully considered whether the passage of time, together with the material provided by Mrs Nixon, is sufficient to demonstrate that the risk of repetition has reduced to an acceptable level. It has concluded that it is not. The misconduct in both cases involved significant concerns regarding clinical decision-making, failure to recognise and respond appropriately to clinical risks, failures in patient safety and inaccurate or inadequate clinical recording. These were not isolated concerns confined to a single incident. Case 094889, in particular, involved multiple vulnerable patients and a number of clinical failings occurring over a period of time.

The panel therefore concluded that there remains a risk of repetition if Mrs Nixon were permitted to practise without restriction. It was not satisfied that she is currently able to practise safely and effectively without restriction.

The panel has not been provided with evidence demonstrating that Mrs Nixon has acquired the knowledge, skills, insight or understanding necessary to address these concerns. In the absence of such evidence, the panel cannot be satisfied that the risk of repetition has been addressed.

The panel therefore determined that Mrs Nixon remains impaired on the grounds of public protection. There remains a risk that, if permitted to practise without restriction, similar concerns could arise and patients could be exposed to harm.

The panel has also considered the wider public interest. The misconduct was serious and involved failures in fundamental aspects of safe nursing practice. The panel considers that

a reasonable and informed member of the public would expect a nurse who had been found to have committed such misconduct to demonstrate meaningful insight, remediation and evidence of safe practice before being permitted to return to unrestricted practice. In the absence of such evidence, allowing Mrs Nixon to practise without restriction would risk serious damage to the public confidence in the nursing profession and in the regulatory process. The panel has therefore determined that a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Mrs Nixon's fitness to practise remains impaired on both public protection and public interest grounds.

Decision and reasons on sanction

Having found Mrs Nixon's 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 considered the sanction for each case separately. However, the reasons and rationale for the panel's decision in respect of both cases are the same.

The panel first considered whether to take no further action. It concluded that this would be inappropriate in view of the seriousness of the matters found proved in Cases 085052 and 094889. The panel considered that the findings gave rise to a significant risk to patient safety and that taking no further action would neither adequately protect the public nor satisfy the public interest.

The panel then considered a caution order. It concluded that a caution order would not provide sufficient protection to the public or adequately mark the seriousness of the misconduct found proved. The matters found proved were not at the lower end of the spectrum of impaired fitness to practise and involved significant concerns regarding patient safety and the standard of care provided. A sanction which did not restrict Mrs Nixon's practice would therefore be neither proportionate nor sufficient in the circumstances.

The panel next considered whether a conditions of practice order would be appropriate. While the panel recognised that the underlying concerns were capable of remediation in principle, there was no evidence that Mrs Nixon had undertaken relevant training, continuing professional development, supervised practice or other remedial activity to address the deficiencies identified. The panel also remained concerned by the lack of sufficient insight and the absence of evidence demonstrating how she would practise differently in similar circumstances. In those circumstances, the panel was unable to formulate conditions that would be sufficiently workable or effective to address the concerns arising from the matters found proved.

The panel next considered whether a further suspension order would be appropriate. The panel recognised that suspension is a serious sanction and that, where concerns are capable of remediation, it may provide an appropriate opportunity for a registrant to develop insight, undertake relevant professional development and demonstrate strengthened practice. The panel therefore carefully considered whether there remained a realistic prospect that Mrs Nixon could use a further period of suspension for that purpose.

The panel took account of Mrs Nixon's submissions in the email dated 12 August 2026 which stated:

> *"I don't want to be a nurse anymore, that is as sad as it gets because you know what? I was a damn good nurse*
> *[…]*
> *For me it's too late so I ask you to kindly give me some closure? I doubt you want this dragging on even longer, these years have taken their toll on me. I hope you can see that if a strike off was to be given it would be extremely disproportionate, much like the whole process."*

The panel carefully considered Mrs Nixon's representations concerning the personal impact of the proceedings. It also took into account her statement that she no longer wished to be a nurse and her submission that a striking-off order would be "extremely disproportionate". The panel recognised that these statements do not amount to an unequivocal declaration that she has permanently abandoned any intention of returning to

nursing. Her objection to being struck off indicates that, notwithstanding her expressed wish for the proceedings to end, she retains concerns about the consequences of removal from the Register. The panel therefore did not treat her statements as determinative of the appropriate sanction. Rather, it considered them alongside the totality of the evidence before it, including the absence of any recent steps towards remediation, the deterioration in her insight and the lack of evidence that a further period of suspension would result in a meaningful change in her position.

Furthermore, the panel considered that the issue before it was to determine what sanction was necessary and proportionate to address the impairment identified and to protect the public, maintain public confidence in the profession and uphold professional standards.

The panel considered carefully whether Mrs Nixon's submission that striking off would be disproportionate indicated that she retained an intention to return to nursing. However, even if that were the case, the panel had to consider what evidence existed that she was taking, or was willing to take, the steps necessary to make a return to safe and effective practice a realistic prospect. The panel found no such evidence.

In particular, Mrs Nixon had not demonstrated that she had undertaken relevant continuing professional development, retraining, supervised practice or other substantive steps directed towards addressing the concerns identified in the matters found proved. Nor had she demonstrated insight into the conduct found proved or explained, in a manner which reassured the panel, how she would practise differently in the future. The panel considered that this was particularly significant because Mrs Nixon had already had a substantial period in which she could have begun to address those matters. The absence of evidence of remediation was therefore not simply an absence of an opportunity to undertake remedial work. It was evidence of a lack of progress during the period in which the existing restriction had been in place.

The panel was concerned that, when considered alongside the absence of remediation, the recent material demonstrated no positive movement towards addressing the underlying concerns. The panel therefore considered that the issue was not simply that Mrs Nixon had not yet completed the necessary work. Rather, there was insufficient

evidence that she had developed the insight, attitude or commitment necessary to undertake that work in a meaningful way.

The panel considered the possibility that a further period of suspension might nevertheless provide an opportunity for Mrs Nixon to change her position and begin remediation. It recognised that such a change was theoretically possible. However, the panel was required to assess whether there was a realistic prospect of such change, rather than whether it was merely possible.

The panel concluded that there was not a realistic prospect that a further period of suspension would materially alter the position. Mrs Nixon's statement that she considered it “too late”, her expressed wish for closure, her statement that she no longer wished to be a nurse, the absence of meaningful remediation during the existing period of restriction and the deterioration in the level of insight demonstrated in her recent submissions, when considered together, did not provide a sufficient basis for the panel to conclude that further suspension was likely to result in the necessary change.

The panel was not satisfied that it would be appropriate to impose a further period of suspension on the basis of a possibility that Mrs Nixon might change her position in the future. There is no evidence before the panel that she intends to return to nursing, or that she would use a further period of suspension to undertake the work necessary to address the concerns identified.

The panel was also mindful that a suspension order would normally be subject to review and could therefore result in a further continuation of the regulatory process. The panel considered Mrs Nixon's expressed wish for closure in that context. A further suspension would not itself resolve the concerns arising from the matters found proved. It would only be capable of serving a useful purpose if there were a realistic prospect that Mrs Nixon would use that period to develop sufficient insight, undertake appropriate remediation and demonstrate strengthened practice. On the evidence before the panel, that prospect was insufficiently realistic.

The panel therefore concluded that a further suspension would not serve a useful regulatory purpose. It would continue to restrict Mrs Nixon's practice, but without a

sufficiently realistic prospect of reducing the underlying risk. The panel was satisfied that the purpose of suspension - to provide a realistic opportunity for the concerns to be addressed while protecting the public - could not be achieved in the circumstances of this case. The NMC's guidance specifically directs panels to consider whether a professional's insight and attitude are realistically capable of changing during suspension and cautions against using suspension simply to provide a further opportunity where there is insufficient engagement or willingness to address the concerns.

The panel recognised that striking off is the most serious sanction available and that it should not be imposed merely because a case is serious. It considered whether the concerns arising from the matters found proved raised fundamental questions about Mrs Nixon's professionalism and whether public confidence in the profession could be maintained if she remained on the Register. The panel also considered whether there was any realistic prospect that further insight, reflection or remediation could reduce the risk sufficiently to permit her eventual return to practice. These are expressly identified considerations in the NMC's guidance.

The panel concluded that the concerns were fundamental. The misconduct, together with the absence of sufficient insight and remediation, continued to raise significant concerns about Mrs Nixon's ability to recognise and address risks arising from her professional practice. The panel considered that the public would reasonably expect a nurse whose fitness to practise remained impaired in these circumstances to have demonstrated meaningful steps towards addressing those concerns before being permitted to return to unrestricted practice.

The panel then considered whether a striking-off order was appropriate. In doing so, it had regard to the NMC’s guidance on striking-off orders and, in particular, considered whether the matters found proved raised fundamental questions about Mrs Nixon’s professionalism; whether public confidence in the profession could be maintained if she remained on the Register; whether any amount of insight and reflection could enable her to practise safely and uphold professional standards; and whether there was a realistic prospect that, following a further period of suspension, she would gain sufficient insight and strengthen her practice such that the risk she posed would be reduced.

The panel considered that the findings in both cases raise fundamental questions about Mrs Nixon's professionalism. The conduct found proved involved serious failings in the care provided to a patient and in the management and recording of clinically significant information. The panel had already determined that these matters gave rise to a risk to patient safety and that Mrs Nixon's fitness to practise remained impaired. The panel considered that the seriousness of the conduct, viewed together with the absence of sufficient remediation and the current lack of insight, meant that the concerns could not be addressed simply by marking the misconduct or restricting her practice for a further period.

The panel next considered whether public confidence in the profession could be maintained if Mrs Nixon remained on the Register. It recognised the importance of allowing a registrant who is capable of remediation a fair opportunity to demonstrate that remediation. However, public confidence requires not only that a registrant be given an opportunity to remediate, but that there is a proper evidential basis for concluding that the opportunity is capable of achieving that outcome. In this case, the panel had no such evidence. Mrs Nixon has not undertaken relevant professional development or other identifiable remedial work since the previous proceedings, has not demonstrated sufficient insight into the concerns identified, and has not demonstrated how she would practise differently in the future. The panel therefore concluded that permitting her to remain on the Register by way of a further period of suspension would not adequately uphold public confidence in the profession or in the regulatory process.

The panel then considered whether there was any amount of further insight and reflection which could presently be identified as sufficient to keep patients and members of the public safe and to uphold public confidence and professional standards. The panel acknowledged that Mrs Nixon had previously demonstrated some limited reflection. However, the material before the panel did not demonstrate that this had developed into sufficient insight or meaningful remediation. On the contrary, the panel considered that her recent representations demonstrated a continued focus on the fairness and personal impact of the proceedings and on the conduct of others, rather than a sufficient acknowledgement of the nature and consequences of her own actions. While the panel did not require Mrs Nixon to express remorse in any particular form, it considered that there needed to be evidence that she understood why the conduct was unsafe, the impact it had upon the patient and the professional responsibilities arising from it. That evidence was not before the panel.

Finally, the panel considered whether there was a realistic prospect that a further period of suspension would result in Mrs Nixon gaining sufficient insight and strengthening her practice so that the risk she posed would be reduced. The panel gave careful consideration to Mrs Nixon's statement that the proceedings had taken a significant personal toll, her request for closure, her statement that she no longer wished to be a nurse, and her submission that a striking-off order would be "extremely disproportionate". The panel recognised that these representations reflected the significant personal impact of the proceedings and did not disregard them. It also recognised that her position was not entirely straightforward, particularly because her objection to striking off was not wholly consistent with her statement that she no longer wished to practise.

However, the panel could not properly treat the possibility that Mrs Nixon might change her mind as evidence of a realistic prospect of remediation. There was no evidence before the panel that she intended to return to nursing, nor was there evidence of any steps taken by her which would indicate that she intended to use a further period of suspension to address the concerns identified. In particular, there was no evidence of relevant training, continuing professional development, supervised practice, reflective work or other remedial activity. The panel therefore concluded that a further period of suspension would not provide a realistic route to remediation. It would instead defer the regulatory decision without evidence that the additional period would produce a different outcome. This was particularly significant given that Mrs Nixon had already had a substantial period in which to address the concerns and had not done so.

The panel also considered that it would not be appropriate to impose a further suspension merely to provide Mrs Nixon with a further opportunity to engage with the regulatory process in the hope that her position might change. The NMC's guidance recognises that where a professional has not meaningfully engaged, suspension should not ordinarily be used simply as a means of providing a "last chance" to engage, reflect or demonstrate insight. In the circumstances of this case, the panel was not satisfied that there was a sufficient evidential basis for concluding that a further period of suspension would serve that purpose.

Having considered all of these matters in the round, the panel concluded that a further suspension order would not be sufficient, appropriate or proportionate. The panel considered that the combination of the seriousness of the misconduct, the fundamental

concerns it raised about Mrs Nixon's professionalism, the absence of meaningful remediation, the insufficient and deteriorating insight, and the absence of a realistic prospect that a further suspension would lead to strengthened practice meant that the risk to public protection and public confidence could not adequately be addressed by a further suspension order.

The panel therefore concluded that a striking-off order in respect of both cases was necessary to protect the public, uphold public confidence in the profession and uphold proper professional standards. It was satisfied that, in the particular circumstances of this case, no lesser sanction would adequately meet those objectives.

This striking-off order will take effect upon the expiry of the current suspension orders, namely the end of 19 September 2026 (in respect of 094889) and 27 November 2026 (in respect of 085052) in accordance with Article 30(1).

This decision will be confirmed to Mrs Nixon in writing.

That concludes this determination.