

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

Substantive Order Review Hearing

Tuesday, 12 May 2026

Thursday, 21 May 2026

Virtual Hearing

Name of Registrant: Samantha Jane Dixon

NMC PIN: 08A2250E

Part(s) of the register: Registered Nurse – Sub part 1 RNA: Adult Nursing – October 2008

Relevant Location: Sunderland

Type of case: Misconduct

Panel members: Emma Moir (Chair, lay member)
Janine Compston (Registrant member)
Nicola Strother Smith (Lay member)

Legal Assessor: Melissa Harrison (12 May 2026)
Trevor Jones (21 May 2026)

Hearings Coordinator: Peaches Osibamowo

Nursing and Midwifery Council: Represented by Ruhena Parker, Case Presenter (12 May 2026)
Represented by Rowena Wisniewska, Case Presenter (21 May 2026)

Mrs Dixon: Present and represented by Rebecca March, on behalf of Sequentus (12 May 2026)
Present and represented by Ben Bardell, on behalf of Sequentus (21 May 2026)

Order being reviewed: Suspension order (6 months)

Fitness to practise: Impaired

Outcome: **Suspension order (4 months) to come into effect on 27 May 2026**

Decision and reasons on review of the substantive order

The panel decided to confirm the current suspension order.

This order will come into effect at the end of 27 May 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the third review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 25 July 2024. This order was reviewed on 11 August 2025 where the panel extended the suspension order for a period of 3 months. This order was reviewed on 21 October 2025 where the panel further extended the suspension order for a period of 6 months. The hearing was scheduled to be reviewed on 20 April 2026, however, it was not heard due to a lack of time so the hearing was adjourned until today.

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

'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 [PRIVATE] 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 [PRIVATE] 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 [PRIVATE], 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 second reviewing panel determined the following with regard to impairment:

'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.'

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

'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.'*

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 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 responses from you. It has taken account of the submissions made by Ms Parker on behalf of the NMC.

Ms Parker outlined the background to this case.

Ms Parker submitted that you have been working as a carer since August 2025.

Ms Parker submitted that you have provided evidence of recent training including a certificate in medications management and the Duty of Candour, a brief reference from your manager and undated testimonials. Ms Parker submitted that some of the evidence you have submitted has been duplicated and it was provided to previous panels.

Ms Parker submitted that your reflective assignment duplicates much of the contents of a reflective piece that was provided previously.

Ms Parker submitted that it is a matter for the panel to determine whether you remain impaired. She referred the panel to the case of *Abrahaem v General Medical Council* [2008] EWHC 183 (Admin) which provides that there is a persuasive burden on the registrant to show that they have addressed the issues of previous impairment through their insight, education, supervision or other achievements.

Ms Parker submitted that the panel may consider a conditions of practice order. However, she submitted that if the dishonesty concerns remain, a conditions of practice order may not be workable.

Ms Parker referred the panel to NMC Guidance Rev-2a when considering substantive order reviews. She submitted that if the panel finds you impaired, it will need to consider the appropriate order.

The panel also had regard to submissions from Ms March, on your behalf.

Ms March submitted that the reflective piece produced around February 2026, is substantially similar to the reflective assignment but it has not been before a previous panel.

Ms March submitted that the first reviewing panel found you had shown sufficient insight but that there remained a risk over your ability to administer medication safely. She submitted that this is the key issue for the panel today.

Ms March submitted that there has been a positive reference provided by your manager, which states that you complete medication rounds.

Ms March submitted that you are currently employed as a healthcare assistant and your employer may not be able to support you in a registered role, however, she submitted that if there were any concerns over your medication administration this would have become apparent in the reference. Ms March invited the panel to

conclude that your manager has no concerns over your practice, including your medication administration, and that no further medication errors have occurred.

Ms March submitted that a reference has also been provided from your unit manager who states that they have watched you administer medication without concerns.

Ms March submitted that a third reference indicates that you have a clear understanding of safe medication practice.

Ms March submitted that you have undertaken training in the Duty of Candour and the advanced medication management for nurses level 3 which shows your commitment to strengthening your practice.

Ms March submitted that in considering your training and positive references, the panel is invited to conclude that you have remediated the risk in relation to your medication management and that you are now able to practise safely.

Ms March submitted that your reflective piece demonstrates your continued insight into the regulatory concerns and your understanding of the Code.

Ms March submitted that in light of your reflection, your fitness to practise is no longer impaired on the public protection ground.

Ms March submitted that you have been subject to a suspension order for over 20 months which satisfies the public interest in this case as the lengthy order has marked the seriousness of the misconduct as well as the need to uphold public confidence in the nursing profession, and the NMC as regulator.

Ms March submitted that there is a strong public interest in permitting registrants to return to the profession and to make the strongest possible contribution to patient care when it is safe to do so.

Ms March submitted that since being subject to the suspension order you have been working as a healthcare assistant. She submitted that the extent to which you can

demonstrate your ability to administer medication safely is limited. She submitted that the only way you would be able to demonstrate this fully is being permitted to work as a registered nurse in some capacity.

Ms March submitted that if the panel finds that your fitness to practise remains impaired, it would be appropriate to impose a conditions of practice order which would allow you to return to practice, whilst addressing any remaining risk that the panel identifies. She submitted that workable conditions can be formulated.

Ms March submitted that appropriate conditions could be a requirement to undertake a medication administration competency to be signed off before you are permitted to administer medication, a requirement to participate in monthly supervisions with your manager and a requirement to work for one substantive employer, which may not be your current employer.

Ms March submitted that no attitudinal issues have been identified, therefore a striking-off order is not necessary.

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

This hearing resumed after the panel heard submissions by Ms March who made an application to admit into evidence a reflective statement dated 10 August 2025.

The panel accepted the advice of the legal assessor and decided to admit the reflective statement into evidence.

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 made reference to your reflective statement made in August 2025 in which you stated:

'Unfortunately, although I was originally planned to start the role at the end of June, there were delays in training and various administrative issues, which meant that I could only start my first shift on 7 August. I have therefore not been able to get professional references for the new role. After months of searching of a new role and not getting any responses, I took the initiative [sic] to drop in to my local care home and spoke to the manager there. I was offered and [sic] interview and my employer is aware of the fitness to practise case and the suspension order, but the interview went very well and I was candid about my case. The manager was impressed enough to offer me a job immediately.'

However, in response to panel questions at this hearing, as you did not give evidence, Ms March on your behalf stated that you had not disclosed to your manager that there was a dishonesty allegation against you until a week before the hearing on 12 May 2026. It follows that this means that the reference from your current manager on 16 April 2026 was written before you disclosed the dishonesty allegation to them. This affects the weight that can be attached to the reference and gives rise to concerns as to your candour.

The panel noted that the last reviewing panel found that you had some insight. At this hearing the panel considered that you have limited insight in relation to your dishonesty. It found that your lack of candour in relation to your delayed disclosure to your manager meant that the panel could not be satisfied that you would be open and honest in escalating any potential future medication errors. The panel noted that this dishonesty occurred over a significant period of time as the reflective piece was written in August 2025.

In its consideration of whether you have taken steps to strengthen your practice, the panel acknowledged that it is difficult to strengthen your practice in relation to dishonesty. It accepted that you have undertaken a course on the Duty of Candour, however, there remain concerns as to your candour given the issue raised in panel questions noted above.

In relation to your medication administration errors, the panel considered that you have continued to work in a healthcare setting as a healthcare assistant and that you administer medications within the scope of your role. The panel noted that you have completed courses including a course in advanced medicines management.

The panel determined that it is not satisfied that your dishonest conduct would not be repeated, therefore, it decided that you were liable to repeat matters of the kind found proved. In light of this, the panel therefore decided that a finding of continuing impairment is necessary on the ground of public protection.

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 given the concerns that have arisen in the course of this hearing in relation to your providing a reference which you knew was incomplete as the referee did not know of your admitted dishonesty in the course of these regulatory proceedings, a finding of continuing impairment on public interest grounds is also required.

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 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 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, but the Committee wants to mark that what happened 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 hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel, having regard to the evidence in relation to your dishonesty with your current employer, finds that there is an attitudinal concern and it does not consider that any conditions can address these concerns. Given the panel's concerns regarding the duty of candour which could have an impact on patient safety, the panel was not able to formulate conditions that would adequately protect the public or address the concerns relating to your dishonesty.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow you further time to fully reflect on your previous dishonesty. It considered that you need to gain a full understanding of how the dishonesty of one nurse can impact upon the nursing profession as a whole and not just the organisation that the individual nurse is working for. The panel concluded that a further 4 month suspension order would be the appropriate and proportionate response and would afford you adequate time to further develop your insight and take steps to strengthen your practice. It would also give you an opportunity to approach past and current health professionals, who are entirely aware of the findings that were made by the substantive panel, to attest to your honesty and integrity in your workplace assignments since the substantive hearing.

The panel decided that there is a realistic prospect that you can return to practise safely in the future as the panel considered that with further development of your insight and complete candour means a striking-off order is not appropriate today.

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 4 months would provide you with a further opportunity to consider the panel's recommendations and provide further evidence to demonstrate that you are no longer impaired. 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 the end of 27 May 2026 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 may be assisted by the following, this list is not prescriptive and you can provide additional information and give or call oral evidence as you may see fit:

- Evidence of the administration of medication without error in your current role
- An updated reflective statement with a focus on dishonesty
- A reference from your manager or equivalent, which clearly shows knowledge of the allegations, in particular dishonesty

This will be confirmed to you in writing.

That concludes this determination.