

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

**Substantive Order Review Meeting
Monday, 26 October 2026**

Virtual Meeting

Name of Registrant:	Siphikisile Dube
NMC PIN:	06G1166E
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing – October 2006
Relevant Location:	Craigavon and Antrim
Type of case:	Misconduct
Panel members:	Mick Williams (Chair, lay member) Elisabeth Cardwell (Registrant member) Callum Lamont (Lay member)
Legal Assessor:	Graeme Henderson
Hearings Coordinator:	Catherine Blake
Order being reviewed:	Conditions of practice order (18 months)
Fitness to practise:	Impaired
Outcome:	Suspension order (6 months) with a review, to come into effect on 5 December 2026 in accordance with Article 30 (1)

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Miss Dube's registered email address by secure email on 17 September 2026.

The panel took into account that the Notice of Meeting provided details of the review that the review meeting would be held no sooner than 19 October 2026 and inviting Miss Dube to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Miss Dube has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended) (the Rules).

Decision and reasons on review of the current order

The panel decided to impose a six-month substantive suspension order with a review. This order will come into effect at the end of 5 December 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 18 months by a Fitness to Practise Committee panel on 8 May 2025.

The current order is due to expire at the end of 5 December 2026.

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

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

'That you, a registered nurse, whilst working at Craigavon Hospital;

1) *During the nightshift commencing on 3 February 2023;*

a) *Did not administer and/or sign for Patient E's;*

i) *Enoxaparin 40mg at 22:00 as prescribed.*

ii) *Atorvastatin 40mg at 22:00 as prescribed.*

iii) *Ferrous Fumarate 305mg at 22:00 as prescribed.*

b) *Did not make adequate records in Patient F's nursing notes, in that you did not include;*

i) *An account of the shift;*

ii) *The care provided to Patient F;*

iii) *Confirmation of medication administration;*

c) *Did not administer and/or sign for Patient G's;*

i) *Paracetamol 1g at 22:00 as prescribed.*

ii) *Atorvastatin at 22:00 as prescribed.*

iii) *Amitriptyline 200mg at 22:00 as prescribed.*

iv) *Laxido at 22:00 as prescribed.*

d) *Did not make adequate records in Patient G's nursing notes, namely you did not;*

i) *Ensure your writing was legible.*

ii) *Complete the record using the PACE (Patient, Assessment, Care, Evaluation) structure.*

iii) *Did not correctly record your errors.*

2) *On 4/5 February 2023*

- a) *Did not administer and/or sign for, Gabapentin 300mg to Patient H at 22:00 as prescribed.*
- b) *Did not administer and/or sign, for Insulin to Patient I at 22:00 as prescribed.*
- 3) *On 5 February 2023 did not administer and/or sign for, Aztreonam 2g to Patient J as prescribed.*
- 4) *On 25 Feb 2023;*
 - a) *During a handover to Colleague Z;*
 - i) *Provided inaccurate information for the plan of care of 2 unknown patients;*
 - ii) *Failed to handover a D-dimer test result of 16.9 for an unknown patient.*
 - ...
- 5) ...

That you a registered nurse, whilst working at Antrim Area Hospital;

- 6) *On 17 April 2023;*
 - a) *Undertook pre-transfusion blood samples for one or more patients without completing the required Haemovigilance training.*
 - b) *Submitted a pre-transfusion sample request form, with patient details which did not correlate with the blood sample label.*
- 7) ...
- 8) ...
- 9) *On 9 June 2023 did not administer and/or sign for Patient A's Clexane 40mg at 22:00 as prescribed.*

10) On 12/13 June 2023;

- a) *Did not ensure that your administration of Patient B's IV Paracetamol at 00:00 was countersigned by a second checker.*
- b) *Did not administer and/or sign for Patient B's IV Paracetamol at 06:00 as prescribed.*
- c) *...*
- d) *Did not administer Metronidazole to Patient C at 06:00 as prescribed.*
- e) *Failed to escalate the error in Patient C's prescription for Metronidazole to a doctor and/or the overnight team in a timely manner.*

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

The original panel determined the following with regard to impairment:

'The panel was satisfied that the misconduct in this case is capable of being addressed. However, the panel was not satisfied that Ms Dube's misconduct has been remediated.

The panel took into account the following from Ms Dube's written reflective statement:

'I fully take responsibility and accountability for actions, I feel disappointed and embarrassed that my actions and decision making fell below standards that normal work to and I am very sorry about what happened.

I have undertaken refresher reading on policies and academic theory surrounding blood safety and medicine management. I had also undertaken clinical supervision with a senior member of staff. I am currently searching for a job so that I am able to put theory into practice.'

The panel was of the view that whilst Ms Dube's written reflective pieces demonstrate that her insight is developing, there appears to be a lack of insight into how similar mistakes may be avoided in the future. The panel took into account the certificates of training undertaken by Ms Dube since these events occurred dated July 2023 and June 2024. Apart from this, the panel considered that it has no up-to-date information as to Ms Dube's current employment status and therefore has no evidence before it of Ms Dube having put this training into practice. The panel noted that whilst Ms Dube has mentioned in her reflective statement that she has undertaken clinical supervision with a senior member of staff, the panel has no evidence of this, no employer or professional references and no clinical context as to when this occurred or what happened.

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The panel determined that there is a risk of repetition based on the fact that Ms Dube put patients at significant risk of harm, in light of the multiple errors that occurred over a prolonged period of time across two hospitals. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that 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 determined that a finding of impairment on public interest grounds is required because an informed member of the public would be alarmed and concerned to hear about Ms Dube's repeated failures if she was permitted to practise unrestricted, despite the support that was offered and put in place for her and despite the reflections that she undertook and provided into the errors.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Ms Dube's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Ms Dube's fitness to practise is currently impaired.'

The original panel determined the following with regard to sanction:

'Having identified the aggravating and mitigating factors, the panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the need for public protection. 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 Ms Dube'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 Ms Dube'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 placing conditions of practice on Ms Dube'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 took into account the SG, in particular:

- No evidence of harmful deep-seated personality or attitudinal problems;*

- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *...*
- *Potential and willingness to respond positively to retraining;*
- *...*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted, through the letter provided to the NMC by the RCN, that Ms Dube would be willing to comply with conditions of practice.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of Ms Dube's case in light of its previous findings at the facts and misconduct and impairment stage.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession, and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.

The panel determined that the following conditions are appropriate and proportionate in this case:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing

associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.'

- 1. You must limit your nursing practice to a single substantive employer; this may include a nursing agency but any work placement should be within a single organisation or Trust to ensure continuity of practice and for a period of no less than three months.*
- 2. You will send the NMC a report seven days in advance of the next NMC hearing or meeting from either:*
 - your line manager*
 - your mentor*
- 3. You must ensure that you are directly supervised by a nurse of the same band as you or a more senior band, any time you are administering medication, until you have been assessed and deemed competent following an appropriate assessment by your employer, at which point the direct supervision requirement should be replaced with indirect supervision.*
- 4. You must work with your line manager to create a personal development plan (PDP). Your PDP must address the concerns about medication administration and record keeping. You must:*
 - Send your case officer a copy of your PDP seven days prior to the next review of this substantive order*

This report must show your progress towards achieving the aims set out in your PDP.

5. *You must engage with your line manager on a frequent basis to ensure that you are making progress towards aims set in your personal development plan (PDP), including:*
 - *Meeting with your line manager at least every month to discuss your progress.*
6. *You must keep us informed about anywhere you are working by:*
 - a) *Telling your case officer within seven days of accepting or leaving any employment.*
 - b) *Giving your case officer your employer's contact details.*
7. *You must keep us informed about anywhere you are studying by:*
 - a) *Telling your case officer within seven days of accepting any course of study.*
 - b) *Giving your case officer the name and contact details of the organisation offering that course of study.*
8. *You must immediately give a copy of these conditions to:*
 - a) *Any organisation or person you work for.*
 - b) *Any agency you apply to or are registered with for work.*
 - c) *Any employers you apply to for work (at the time of application).*
 - d) *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*
 - e) *Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity*

9. *You must tell your case officer, within seven days of your becoming aware of:*
 - a) *Any clinical incident you are involved in.*
 - b) *Any investigation started against you.*
 - c) *Any disciplinary proceedings taken against you.*

10. *You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*
 - a) *Any current or future employer.*
 - b) *Any educational establishment.*
 - c) *Any other person(s) involved in your retraining and/or supervision required by these conditions'*

Decision and reasons on current impairment

The panel has considered carefully whether Miss Dube'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.

The panel heard and accepted the advice of the legal assessor who advised the panel that the starting point is for the panel to consider that Miss Dube is currently impaired. There is a persuasive burden on any Registrant to satisfy the panel that they are no longer impaired.

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 was aware that in reaching its decision it had to exercise its professional judgement.

The panel considered whether Miss Dube's fitness to practise remains impaired.

The panel noted that the original panel found that Miss Dube had developing insight. However, today's panel saw no new information from Miss Dube regarding her current practice or levels of insight. The panel has seen no recent reflections from Miss Dube.

Likewise, in its consideration of whether Miss Dube has taken steps to strengthen her practice, the panel took into account that it has seen no information regarding her current practice. There is no evidence of further training, and the panel has no information before it regarding Miss Dube's current practice. The panel has nothing to suggest that she is currently working as a registered nurse.

The original panel determined that Miss Dube was liable to repeat matters of the kind found proved. Today's panel has received no new information to challenge this. In light of this the panel determined that Miss Dube remains liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds 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 that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Miss Dube's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Miss Dube 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 Miss Dube'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, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that Miss Dube'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 further conditions of practice order on Miss Dube'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 was concerned by the lack of contact the NMC has had from Miss Dube since the substantive order was imposed. The panel has seen no evidence of Miss Dube's efforts to remediate or strengthen her practice, nor evidence of any efforts she might be taking to return to practice. Further, the panel has seen no indication from Miss Dube as to her future plans and whether she intends to return to nursing. Accordingly, there is no information before it to conclude that Miss Dube is willing or able to comply with any conditions imposed upon her practice.

On this basis, the panel concluded that a conditions of practice order is no longer the workable nor the appropriate order in this case.

The panel next began to consider whether it should suspend Miss Dube. The panel noted that, as at 28 January 2026, the NMC had changed its guidance on sanction. In SAN-3 which deals with the issue of ‘deciding between suspension and strike off’ the following passage appears:

‘Professionals are under an obligation to cooperate with their regulator. Where professionals have failed to engage with the fitness to practise process, it won’t usually be appropriate to use a suspension order as a means of giving them a ‘last chance’ to engage, reflect or show insight.’

The panel noted that this guidance appears to deal with the situation, at a principal hearing, where there has been no engagement. The panel noted that, although the Miss Dube did not attend the principal hearing, her representatives provided written submissions. She therefore had engaged with the fitness to practise process up to the point of sanction.

The panel had regard to SAN-2d which lists non exhaustive factors that justify imposing a suspension order:

- whether the risk posed to the public, or to people receiving care, can only be managed by temporary removal from the Register?
- will suspension be sufficient to protect people using services, public confidence in the profession, or professional standards?
- is it realistic that the professional could return to unrestricted practice in the future, even if it is not appropriate for them to do so now?
- What would the registrant need to do in order to be fit to practise in the future? Is it realistic that they will be able to do this?

The panel considered that all of these factors were engaged. The original panel had imposed conditions on the basis that Miss Dube could return to unrestricted practise. Suspension would protect the public.

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 to impose a suspension order for the period of six months would provide Miss

Dube with sufficient time to re-engage with the NMC and indicate her intentions for the future. The panel considered this to be the most appropriate and proportionate sanction available.

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, that may be a striking-off order.

Any future panel reviewing this case would be assisted by:

- Miss Dube's engagement with the fitness to practise process
- A clear indication from Miss Dube as to her intentions for the future and whether she wishes to return to nursing
- Evidence of professional development, including documentary evidence of completion of any relevant courses
- A further detailed reflection from Miss Dube into the misconduct underpinning the charges

This will be confirmed to Miss Dube in writing.

That concludes the determination.