

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

**Substantive Order Review Hearing
Wednesday, 21 October 2026**

Virtual Hearing

Name of Registrant:	Samantha Jane Pickering
NMC PIN:	13H4865E
Part(s) of the register:	Registered Nurse - Sub part 1 Adult Nursing - September 2013
Relevant Location:	York and Scarborough
Type of case:	Misconduct
Panel members:	Rachel Forster (Chair, lay member) Sandra Abramsamadu (Registrant member) Anne Sharpe (Registrant member)
Legal Assessor:	Robin Leach
Hearings Coordinator:	Andrew Ormsby
Nursing and Midwifery Council:	Represented by Leesha Whawell, Case Presenter
Ms Pickering:	Not present and not represented at the hearing
Order being reviewed:	Suspension order (4 months)
Fitness to practise:	Impaired
Outcome:	Suspension order (4 months) to come into effect on 28 November 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 Ms Pickering was not in attendance and that the Notice of Hearing had been sent to Ms Pickering's registered email address by secure email on 17 September 2026.

Ms Whawell, 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, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Ms Pickering'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 Ms Pickering 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 Ms Pickering

The panel next considered whether it should proceed in the absence of Ms Pickering. The panel had regard to Rule 21 and heard the submissions of Ms Whawell who invited the panel to continue in the absence of Ms Pickering. She submitted that Ms Pickering had voluntarily absented herself.

Ms Whawell stated that there were likely to be limited circumstances in this case where matters should go into private, but that should anything arise she asked permission to return to the issue of whether a Rule 19 application might be appropriate.

Ms Whawell referred the panel to the email correspondence from Ms Pickering's UNISON representative, dated 9 October 2026, that set out Ms Pickering's personal circumstances and stated that it was difficult for her to engage in this matter at this time and requested an adjournment of today's proceedings and a postponement of fitness to practise matters until next year. However, Ms Whawell stated that this was not a possibility given that the order currently imposed on Ms Pickering's registration was due to expire on 28 November 2026. She stated that, in those circumstances the panel must undertake a review today as the matters relate to public protection and public interest concerns.

The panel accepted the advice of the legal assessor.

The panel decided to proceed in the absence of Ms Pickering. In reaching this decision, the panel considered the submissions of Ms Whawell, the written postponement request from UNISON, and the advice of the legal assessor. It had particular regard to the relevant case law and to the overall interests of justice and fairness to all parties.

The panel decided that, even though Ms Pickering had requested an adjournment until next year [PRIVATE], it was necessary to proceed today in her absence because the order is due to expire on 28 November 2026. There is a public interest in proceeding and not allowing the order to lapse without a review and, given that Ms Pickering had not requested an adjournment for a few weeks only, but for several months, the panel decided to proceed in her absence today.

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 28 November 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of six months by a panel of the Fitness to Practise Committee on 29 April 2026.

The current order is due to expire on 28 November 2026.

This 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:

*1. On or around the 12 April 2022, without clinical justification accessed the clinical records of Patient A. **Admitted and Found Proved***

[...]

*3. On or around 06 May 2022, without clinical justification accessed the clinical records of Patient C using a colleague’s login on a Ward computer. **Admitted and Found Proved***

*4. On or around the 7 April 2022, without clinical justification accessed the clinical records of Patient C. **Admitted and Found Proved***

*5. On or around the 11 April 2022, without clinical justification accessed the clinical records of Patient C. **Admitted and Found Proved***

*6. On or around 12 April 2022, you contacted Patient A after accessing her clinical records. **Admitted and Found Proved***

[...]

*8. On or around 27 July 2022, you denied contacting Patient A after accessing her clinical records. **Admitted and Found Proved***

*9. On or around 15 July 2022, you stated that you did not recall accessing Patient B’s clinical records. **Admitted and Found Proved***

[...]

*11. Your conduct at charge 8 was dishonest in that you sought to conceal that you had accessed patient records without clinical justification. **Admitted and Found Proved***

12. Your conduct at charge 9 was dishonest in that you sought to conceal that you had accessed patient records’

The original panel determined the following with regard to impairment:

'Having regard to the conduct admitted and found proved in relation to the charges, the panel is satisfied that all four limbs of the test in Grant are engaged in this case.

The panel considered the following factors as set out in the case of Cohen:

- Is the behaviour easily remediable?*

The panel took account that you have had the opportunity to remediate some of the concerns as you have been and are currently working as a nurse without restriction.

The panel considered the element of dishonesty in particular in respect of charge 12, your initial denial and recent acceptance that you were dishonest, after the panel's findings on facts. The panel acknowledged your right to defend yourself and that the burden of proof rests with the NMC. Nevertheless, your denial of dishonesty in relation to charge 12 is a relevant consideration.

In assessing whether the aspects of your dishonesty indicate an attitudinal issue, the panel took into account various issues. This included your otherwise unblemished practice since the charges were brought; your denial of charge 12, and the evidence you gave during the hearing which was rejected by the panel; and your subsequent acceptance of the dishonest conduct set out in that charge, as set out in your March 2026 reflective statement. While the panel accepted that you have demonstrated developing insight, it concluded that this insight remains incomplete, as you have not yet fully identified or addressed the motivations and triggers that led to your dishonest behaviour when challenged. The panel was of the view that this behaviour was attitudinal and that dishonest conduct is more difficult to remediate.

However, the panel was satisfied that the steps you have recently taken indicate that this is not necessarily deep seated attitudinal problem and therefore your misconduct is capable of remediation.

- *Has it already been remedied?*

In its consideration of this factor, the panel had regard to your expressions of remorse and the extent to which you have reflected and shown insight into your past conduct. The panel considered your reflective piece dated 6 March 2026, which states:

'I understand how serious the consequences are and I would not want any of my colleagues to have their trust and integrity scrutinised. Once this has been questioned, it will be questioned forever and have a long and lasting impact on the public's confidence in them (as with my situation), which is something I have told them is not worth jeopardising.'

The panel was of the view that whilst it is a thoughtful and recent reflection, you have only accepted some of your behaviour after the panel had made its findings on the facts of your case. The panel therefore determined that your insight needs more time to further develop.

In its consideration of whether or not you have taken steps to strengthen your practice. The panel had regard to the positive testimonial dated 2 March 2026 from the home manager where you currently work and noted it included 'I would employ Sam tomorrow and I will offer her my full support'.

The panel also had sight of several training certificates you provided, as follows:

- *Understanding GDPR dated 1 February 2026;*
- *Information Governance and Data Security – Level 1 dated 2 February 2026;*

- *Care Certificate Standard 3 - Duty of Care dated 2 February 2026;*
- *Statutory Duty of Candour in Health and Social Care – Level 3 dated 5 February 2026.*

The panel determined these to be recent, relevant and pertinent.

In your reflective statement you stated:

'I have personally written to Patient A and B and have said sorry and apologised for the distress I have caused them. I appreciate the impact my actions have had on both Patient A and B [PRIVATE], including having them attend the hearing as witnesses, as I understand that this in itself would have been extremely stressful and distressing for them.

I also accept and take full responsibility for breaching Patient C's confidentiality, by accessing her patient records without clinical justification. I understand that my reasons for doing so at the time were wrong and inexcusable. There is no justifiable reason for accessing her records in the manner that I did at the time.'

- *Is it highly unlikely to be repeated?*

The panel considered your reflective statement which includes:

'I completely accept the panel's findings and understand the seriousness of the findings, for all allegations, and in particular for the allegations of dishonesty: allegation 11 proved by way of admission and allegation 12, that my actions in stating that I did not recall accessing Patient's B clinical records were dishonest. I accept all of the panel's findings in full and I am deeply sorry for my actions at the time which I accept were wrong and which I will never repeat in the future.'

The panel took account of what you stated you would do differently in the future, that you would escalate any concerns about potential risk or access sensitive patient information. The panel noted that you have personally written to Patient A and Patient B and apologised for the distress you caused.

The panel considered the likelihood of your misconduct being repeated in the future.

However, the panel was not satisfied that you have remediated your misconduct to the extent that you are now capable of safe and effective practice. The panel considered that a risk of repetition remains until you have fully addressed the underlying reasons for your misconduct and (based on that understanding) demonstrated how you would mitigate against similar behaviour in the future. Accordingly, the panel was unable to exclude the possibility of a recurrence in comparable circumstances, and therefore future risks remain applicable under all four limbs of the Grant test.

Dishonesty (particularly with regards to patient confidentiality) in a patient facing environment can directly impact patient safety, it has the potential to bring the profession into disrepute, and it breaches the fundamental tenets of the profession.

The panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious and therefore finds that your fitness to practise is currently impaired on the ground of public protection.

The panel bore in mind the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery

professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of current impairment was also in the public interest. The panel took into account the seriousness of the conduct found proved including repeated breaches of patient confidentiality and the dishonesty element of lying to your employer during their investigation. The panel considered that this behaviour had the potential to put patients at risk of harm. Firstly, if patients cannot be sure that their medical records are held confidentially, then they may be hesitant to access medical care or to disclose sensitive medical information when seeking treatment. Secondly, given that a colleague's login details were used, this behaviour has a potential to undermine trust between colleagues which can impact the standard of care. The panel concluded that public confidence in the profession would be undermined if a finding of current impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on the grounds of public protection and the wider public interest.'

The original panel determined the following with regard to sanction:

'The panel next considered whether placing conditions of practice on your registration would be appropriate. The panel is mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- 'no evidence of deep-seated personality or attitudinal problems*
- identifiable areas of the professional's practice in need of assessment and/or retraining*

- ...
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- ...
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel is of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature and seriousness of the misconduct in this case. The panel determined that the concerns identified are attitudinal in nature, particularly in relation to probity and professional boundaries, and are not matters that can be readily addressed through retraining or supervision.

Furthermore, the panel concluded that placing conditions on your registration would not adequately address the seriousness of the misconduct and would not sufficiently protect the public or uphold public confidence in the profession.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on 'Suspension order' (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the overarching objective.'*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following

list of circumstances that may make a suspension order an appropriate sanction:

- *‘the charges found proved are at the most serious end of the spectrum and call into question the professional’s suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation • there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.’*

The panel was satisfied that the misconduct in this case is serious, involving breaches of confidentiality and dishonesty, and that it raises significant concerns about professionalism and probity. However, the panel was not satisfied that the misconduct is fundamentally incompatible with continued registration. Despite the nature of the misconduct and the associated attitudinal concerns, the panel determined it is remediable.

The panel considered that the concerns identified are attitudinal in nature, particularly in relation to professional boundaries and probity, but are not deep-seated or fixed. It noted that Mr Molloy submitted that your insight has had nearly four years to develop and is still insufficient to alleviate the risks.

However, the panel find that whilst the development of insight has been gradual, there has been recent and meaningful progress. In particular, the panel had regard to the more developed reflective material provided, following the panel's findings of facts in October 2025, which demonstrated an increased level of acceptance, understanding and acknowledgement of the misconduct. The panel considered that you had fully engaged and responded positively to the fitness to practice hearing, accepting and responding to the panel's findings. The panel considered that this recent progress provides a realistic prospect that insight will continue to develop and that the concerns identified can be addressed.

The panel also took into account the testimonials submitted on your behalf and the relevant training you have undertaken when assessing your efforts to strengthen your practise and the likelihood of successful remediation. It was of the view that a period away from practice is required to allow for that development, including further reflection and consolidation of professional judgement.

The panel also considered that, given the seriousness of the misconduct, a period of removal from practice is necessary to mark that seriousness, uphold proper professional standards and maintain public confidence in the profession. It determined that permitting a return to unrestricted practice at this stage would not adequately address the public interest or maintain confidence in the regulatory process.

Before reaching its final conclusion, the panel considered whether a striking-off order would be proportionate. Having taken into account all the information before it, including the mitigation provided, and recognising the public interest in skilled nurses returning safely to practice where possible, the panel concluded that a striking-off order would not be a proportionate response in the circumstances of this case, for the reasons set out above. Whilst the panel acknowledges that a suspension order may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order. The panel determined that the risks identified can be addressed

through the development of insight and remediation, and that there is a realistic prospect that you will be able to return to safe practice. It is considered that the concerns, whilst serious, are not so fundamentally incompatible with continued registration that removal from the register is required.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction. The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

The panel noted the hardship such an order will inevitably cause you. However, this is outweighed by the public interest in this case.

The panel determined that a suspension order for a period of 6 months was appropriate in this case to mark the seriousness of the misconduct and to allow you adequate time to develop insight and produce detailed reflections on your misconduct.

[...]

At 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:

- Detailed evidence of developed insight into the dishonesty, including your motivations and triggers at the time, what has changed to prevent repetition and how you would respond differently in similar circumstances.*

- *Focused and detailed reflection pieces on the breaches of confidentiality, including why the records were accessed, the decision-making behind those actions and how you would respond differently in similar circumstances.*
- *Detailed reflection on the impact of your actions on patients, the public, and the reputation of the profession.*
- *Evidence of any work since the order was imposed.*
- *Any relevant testimonials or references from colleagues or supervisors addressing your honesty, integrity, and professionalism in the workplace.'*

Decision and reasons on current impairment

The panel has considered carefully whether Ms Pickering'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 the 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 correspondence from Ms Pickering's representative at UNISON regarding this hearing. It has also taken account of the submissions made by Ms Whawell on behalf of the NMC.

Ms Whawell provided a background of this case and submitted that, in the absence of any evidence of insight and remediation, Ms Pickering's fitness to practise remained impaired.

Ms Whawell referred to an email sent by Ms Pickering, and received by Patient A, dated 14 October 2026. She stated that some of the phrases used within the email were indicative of a lack of insight in relation to Ms Pickering's misconduct, such as stating that she was unable to attend some events due to Patient A's complaints, rather than acknowledging that this was because of her own behaviour. Ms Whawell also asked the

panel to note that Patient A stated that this email correspondence was the first time that Ms Pickering had made contact in over four years and that she had never received an apology. Ms Whawell submitted that this seems to be at odds with Ms Pickering's reflective statement provided at the substantive hearing where Ms Pickering stated that she had personally written to Patient A and Patient B and apologised to both.

Ms Whawell submitted that Ms Pickering's email correspondence to Patient A may cast some doubt on the veracity of her previous claims to have apologised and also indicated a lack of insight as to the effect of her communication with Patient A and the possible distress caused. Ms Whawell submitted that the panel might consider that this had demonstrated that Ms Pickering's insight had not progressed, and '*may have gone backwards*'.

Ms Whawell submitted that the panel had not received evidence of Ms Pickering taking effective steps to maintain her skills and knowledge, and that she had not provided a record of safe practice without further incident. Ms Whawell also submitted that the panel had not received evidence to demonstrate that Ms Pickering was safe to return to unrestricted practice.

Ms Whawell referred to the NMC guidance, in particular SAN 2, and stated that the panel may conclude that a further period of suspension at this time is the most appropriate order, although she reminded the panel that a suspension order is not designed to be indefinite and, should the panel find that a suspension order remains the most appropriate sanction, then it must be satisfied that there is a realistic possibility of positive change during any period of suspension.

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

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

The panel considered whether Ms Pickering's fitness to practise remains impaired.

The panel noted that the original panel found that Ms Pickering had developing insight.

The panel considered that it had received no evidence of further remediation, Continuing Professional Development (CPD), or of insight in relation to Ms Pickering's misconduct, as recommended by the original panel.

The panel did note Ms Pickering's significant personal caring responsibilities and [PRIVATE] and acknowledged that this could have had an impact on her efforts to reflect fully and remediate her misconduct.

The panel also noted that, despite attempted contact by the NMC with Ms Pickering's representative on the morning of the hearing, it had not received any written submissions or evidence from Ms Pickering's representative at UNISON who is currently still instructed to act on her behalf, in relation to this review hearing, other than correspondence referring to a postponement request and Ms Pickering's personal circumstances,

The panel acknowledged that Ms Pickering may not have been in the best position in the last six months to undertake the full reflection needed to prove that she is no longer impaired.

However, the panel also reminded itself that the burden is on Ms Pickering to prove that she is no longer impaired. As no evidence of remediation, CPD, insight, or reflection had been provided to the panel, it was left with no alternative but to find that Ms Pickering's fitness to practise remains impaired at this time.

Decision and reasons on sanction

Having found Ms Pickering'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 (SAN-2) 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 accepted the advice of the legal assessor.

In coming to its decision, the panel had regard to its findings on impairment.

It bore in mind that its primary purpose is to protect the public and maintain public confidence in the nursing profession and the NMC as its regulator.

The panel considered that taking no further action would be neither appropriate nor proportionate taking into account the public protection concerns and the need to uphold the wider public interest in this case.

The panel considered that a caution would not be appropriate given the risk of repetition and risk to patients and would not protect the public.

Further, the panel considered that conditions of practice were not appropriate as the matters in question relate to Ms Pickering's need to evidence improved insight and understanding into the impact of her misconduct. It would not be possible to create conditions to address this, nor would it satisfy public interest.

In the circumstances, the panel determined that an extension of the order of suspension was necessary to protect the public and satisfy the public interest.

The panel considered that a period of suspension would afford Ms Pickering the opportunity to provide reflections on her misconduct and would allow her to undertake further relevant training.

Accordingly, the panel determined that a suspension order for a further period of six months was the necessary and proportionate sanction to reflect the lack of insight and the need for Ms Pickering to demonstrate further remediation.

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.

The panel considered that, whilst a striking-off order was not appropriate at this time, suspension orders are not designed to be imposed indefinitely, and the ultimate sanction

of strike-off may become appropriate in the future if there is continued non-engagement from Ms Pickering. If Ms Pickering is to return to unrestricted practice, it is important that she addressed the matters found proved and undertakes the work required in order to provide a future panel with the evidence necessary to show that she is no longer impaired. The panel considered that a further period of suspension for six months would afford Ms Pickering the time to do this.

The panel reviewing this case would be assisted by the original recommendations as set out in Ms Pickering substantive hearing, namely:

- Detailed evidence of developed insight into the dishonesty, including your motivations and triggers at the time, what has changed to prevent repetition and how you would respond differently in similar circumstances;
- Focused and detailed reflection pieces on the breaches of confidentiality, including why the records were accessed, the decision-making behind those actions and how you would respond differently in similar circumstances;
- Detailed reflection on the impact of your actions on patients, the public, and the reputation of the profession.
- Evidence of any work since the order was imposed.
- Any relevant testimonials or references from colleagues or supervisors addressing your honesty, integrity, and professionalism in the workplace.

The panel determined to impose an order of suspension for a period of six months.

This order will come into effect at the end of 28 November 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This will be confirmed to Ms Pickering in writing.

That concludes this determination.

