Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Tuesday 15 September 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:	Nilla Varsani (Chair, lay member) Keith Murray (Lay member) Richard Desir (Registrant member)
Legal Assessor:	Ben Stephenson
Hearings Coordinator:	Shela Begum
Nursing and Midwifery Council:	Represented by Afzal Syed-Ali, Case Presenter
Mrs Dixon:	Present and represented by Alexia Cortes
Order being reviewed:	Suspension order (4 months)
Fitness to practise:	Impaired
Outcome:	**Suspension order (4 months) to come into effect on 27 September 2026 in accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

The panel decided to extend the suspension order for a further period of 4 months.

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

This is the fourth 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 first reviewed on 11 August 2025 where the panel extended the suspension order for a period of 3 months. This order was reviewed for a second time on 21 October 2025 where the panel further extended the suspension order for a period of 6 months. At the third review on 12 & 21 May 2026, the panel extended the suspension order for a period of 4 months.

The current order is due to expire at the end of 27 September 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:

> *'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 third reviewing panel determined the following with regard to impairment:

"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 initiate [sic] to drop in to my local care home and spoke to the manger 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."

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

"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."

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 documentation provided by you. It has taken account of the submissions made by Mr Syed-Ali on behalf of the NMC and from Ms Cortes on your behalf.

Mr Syed-Ali provided the chronological history of this order which is due to expire on 27 September 2026. He explained that the panel's powers arise under Article 30 of the Nursing and Midwifery Order 2001, which permits the substantive review of conditions of practice and suspension orders before their expiry.

Mr Syed-Ali summarised the findings of the previous panel. That panel had concluded that a conditions of practice order would not adequately protect the public or the wider public interest. In particular, it had identified an attitudinal concern arising from your dishonesty and your understanding of the duty of candour in the workplace. The previous panel had considered that these concerns could not adequately be addressed through conditions of practice.

A central issue in the present review, he submitted, was whether anything had changed since the previous hearing, particularly in relation to your understanding of dishonesty and her duty of candour. He referred to the previous manager's reference, noting that the manager had not been aware of the dishonesty allegations when the reference was written, despite you knowing why you had requested the reference and the purpose for which it was to be used. Mr Syed-Ali submitted that this had previously been regarded as significant because it raised concerns about your candour and the weight that could properly be placed on evidence and references provided in your support.

Mr Syed-Ali emphasised that you had had approximately 20 months in which to reflect on these concerns and to undertake relevant workplace training. In his submission, there were training opportunities available to health professionals concerning the importance of candour and the impact of dishonesty in the workplace. The previous panel had imposed a four-month suspension in order to provide you with an opportunity for reflection and further development.

Mr Syed-Ali accepted that the NMC retained the burden of proving the underlying facts and that you did not bear a burden of proving that you were not dishonest. However, he submitted that, once the relevant facts had been established, you had to demonstrate that your current insight, awareness and training had sufficiently reduced the risks identified by the previous panel. In his submission, you had not demonstrated that the concerns no longer impaired your practice.

He relied particularly on the absence of evidence of specific training addressing dishonesty, insight and the duty of candour. He contrasted the training certificates contained in the previous and current bundles and submitted that none demonstrated that

you had undertaken awareness training directed specifically at the concerns that had been central to the previous panel's decision.

Mr Syed-Ali also referred to your witness statement dated 14 September 2026. He submitted that it did not adequately demonstrate that you had internalised the previous panel's concerns or undertaken relevant training concerning dishonesty and candour. He similarly addressed the two references both dated 8 September 2026, observing that neither appeared to indicate awareness of the dishonesty aspect of the proceedings. He noted that parts of the two references were effectively identical and submitted that this suggested that the referees were unaware of the dishonesty dimension of the case.

Mr Syed-Ali acknowledged that you had subsequently provided a further reflection statement dealing with dishonesty in more detail. However, he invited the panel to determine what weight should properly be given to that evidence. Importantly, he submitted that the reflection still did not explain why you had failed to tell your manager about the dishonesty allegations when asking that manager to provide a character reference for the previous hearing. In his submission, that unresolved issue continued to undermine your claimed insight and candour.

Mr Syed-Ali accepted that there had been significant improvement in your medication administration. He noted, however, that there had been one medication-related mistake in 2025. More importantly, he argued that the specific concern identified by the May 2026 panel remained unresolved: you had previously represented that you had been candid with your manager, whereas the evidence showed that you had not disclosed the dishonesty allegation until shortly before the hearing.

The central question for the present panel, he submitted, was therefore whether that concern had been convincingly remedied. He invited the panel to conclude, on the evidence before it, that you remained impaired. As a consequence, he invited the panel to impose a further suspension order of between four and six months. This, he submitted, would give you further time to undertake targeted work addressing the outstanding concerns. He nevertheless accepted that there remained a pathway by which the registrant could return to safe practice.

Ms Cortes began by addressing the question of current impairment, first focusing on the previous concerns regarding medication errors. She submitted that you had been working as a senior carer for just over a year, with a significant part of your role involving the administration of medication to patients several times a day. She relied on the previous panel's finding that you had continued to work in a healthcare setting, administering medication within the scope of your role, and had completed relevant training, including an advanced medicines management course.

Ms Cortes submitted that there was no evidence of any further medication errors since late August 2025. She relied on updated references from Lisa Ford and Michael Amore, both senior carers at your care home, which confirmed that there had been no concerns regarding your medication administration. She noted that both had also provided references before the previous review hearing and had similarly raised no concerns about your medication practice.

She further relied on your completion of the Advanced Medicines Management for Nurses and AHPs Level 3 course on 8 May 2026. In addition, she submitted that you had reflected on your previous medication errors, expressed remorse, recognised that your judgment had been clouded at the time, and understood the potential consequences for patients. On that basis, she argued that your fitness to practise was no longer impaired in relation to medication administration, given your sustained period of safe practice and demonstrated insight.

Ms Cortes then addressed the concerns relating to dishonesty. She submitted that you had reflected on your previous dishonest conduct throughout the period of suspension and that the panel had before it previous reflections as well as two further reflections produced since the last review hearing. She invited the panel to give particular weight to your most recent reflection, in which she submitted that you demonstrated deep insight into dishonesty and had developed your understanding of the consequences of your conduct.

She highlighted your acceptance that you had acted dishonestly and your recognition that this could have had serious consequences for patient safety. In your reflection, you acknowledged that your actions could have resulted in patient mortality, preventable harm and additional healthcare costs. You also recognised the effect of dishonesty on

colleagues, including the loss of trust and the possibility of communication breakdowns affecting safe, patient-centred care.

Ms Cortes submitted that you had also considered the wider impact on public confidence in the nursing profession. Your reflection recognised that dishonest conduct by nurses can undermine confidence in the profession and that your own conduct concerning medication errors and working as agency staff while on sick leave had contributed to that loss of confidence. You further recognised that diminished public confidence could ultimately contribute to patient harm if individuals became reluctant to seek healthcare when needed.

On that basis, Ms Cortes submitted that your latest reflection demonstrated sufficient understanding of dishonesty and its impact on patients, colleagues and the wider public. She also noted that your reflections engaged with relevant provisions of the NMC Code.

Ms Cortes then addressed the absence of an updated reference from your current manager. She noted that the previous panel had considered that such a reference would assist the reviewing panel, but that despite efforts to obtain one, your manager had not provided an updated reference. She submitted that this absence should not be held against you. She suggested that your manager may simply be too busy to provide repeated references and that your employer might be content for you to remain employed as a senior carer and therefore have little incentive to assist you in seeking a return to registered practice.

Instead, she invited the panel to consider the evidence from Ms Ford and Mr Amore, both of whom stated that you had been open with colleagues about your regulatory concerns. Taken together with your reflections, Ms Cortes submitted that the evidence demonstrated a deep understanding of dishonesty and sufficient insight into your previous conduct. She therefore argued that your fitness to practise was no longer impaired on the basis of dishonesty.

Turning to public protection, Ms Cortes submitted that there had been no further medication errors or patient harm for at least a year. She argued that you therefore no longer presented a risk to the public and that there was no continuing impairment on public protection grounds.

She also addressed the public interest. She relied on the previous reviewing panel's conclusion that continuing impairment on public interest grounds was no longer required at that stage and that the public interest had already been met by the 12-month suspension order imposed on 25 July 2024. Ms Cortes noted that you had now been subject to suspension for more than 25 months. She submitted that this was more than sufficient to mark the seriousness of the misconduct and to uphold public confidence in the nursing profession and the NMC as regulator.

She therefore argued that a continuing finding of impairment on public interest grounds was unnecessary. Conversely, she submitted that there was a strong public interest in allowing you to return to the profession and make the fullest possible contribution to patient care, provided it was safe for you to do so.

Ms Cortes emphasised that, while suspended from registered practice, you had continued working as a healthcare assistant. However, she submitted that this role substantially limited your ability to demonstrate your competence in managing and administering medication. In her submission, the only meaningful way for you to demonstrate your ability to practise safely as a nurse would be to return to some form of registered practice. Ms Cortes submitted that, if the panel accepted that your fitness to practise was no longer impaired, there would be no need to consider sanction and the existing suspension order should simply lapse.

If, however, the panel found that your fitness to practise remained impaired, she submitted that a conditions of practice order would be the appropriate and proportionate outcome. She pointed out that the suspension order had already been extended three times and argued that continuing such a restrictive order further limited your ability to demonstrate remediation in practice.

She submitted that appropriately drafted conditions could allow you to return to a registered role while addressing any remaining concerns. Possible conditions included having your medication-administration competency formally assessed and signed off before administering medication, undertaking monthly supervision with your manager, and potentially working for a single substantive employer. She stressed that any condition

requiring a substantive employer should not necessarily require you to remain with your current employer, as that employer might not be willing or able to offer you a registered role.

Ms Cortes acknowledged that it might take you some time to obtain a registered position with an employer willing to accommodate the conditions. However, she argued that this was preferable to continued suspension because it would provide you with an opportunity to demonstrate safe practice under appropriate safeguards.

If the panel concluded that conditions of practice were not workable, Ms Cortes submitted that the suspension order should instead be continued. She relied on the fact that the original panel had not found you to have a deep-seated attitudinal problem incompatible with remaining on the register. She argued that your progress in demonstrating insight into both your medication errors and previous dishonesty meant that the concerns could no longer properly be characterised as a deep-seated attitudinal issue incompatible with continued registration.

She concluded by inviting the panel first to find that you were no longer impaired. If the panel was not persuaded of that position, she invited it to impose a conditions of practice order that would allow you to return to registered practice and demonstrate that you could practise safely, kindly and professionally.

The panel 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 first considered whether your fitness to practise remains impaired.

The panel noted that the previous reviewing panel identified concerns in relation to your insight and understanding in relation to dishonesty and your duty of candour. The previous panel also identified information which it considered would assist a future reviewing panel, including evidence of medication administration without error, an updated

reflective statement with a focus on dishonesty, and a reference from your manager or equivalent which clearly demonstrated knowledge of the allegations, particularly the dishonesty concerns.

The panel considered your medication practice. It accepted that you have made significant progress in this area. You have continued to work in a healthcare setting as a senior carer for over a year, during which time medication administration has formed a significant part of your role. The panel took into account the evidence that there have been no further medication errors since August 2025 and that your references confirm that there have been no concerns regarding your medication administration.

The panel also noted that you completed the Advanced Medicines Management for Nurses and AHPs Level 3 course in May 2026 and that you have reflected on your previous medication errors. In your reflection, you expressed remorse and recognised that your judgement had been clouded at the time. You demonstrated an understanding of the potential consequences of medication errors for patients, including the possibility of serious harm. The panel therefore considered that you had demonstrated developing insight into your medication errors and had taken appropriate steps to strengthen your knowledge and practice. The panel acknowledged that you remained within a healthcare environment during your period of suspension and have continued to develop your skills. The panel considered that there was evidence of a positive trajectory in this area.

However, the panel recognised that your current role as a senior carer does not fully replicate the responsibilities of a registered nurse. In particular, the panel considered that medication administration in a care home setting may not require the same level of clinical assessment, clinical judgement and decision-making that would be expected of you in registered nursing practice. Consequently, while the panel accepted that your evidence demonstrated safe medication administration within your current role, it could not regard this alone as sufficient evidence that all concerns relating to your ability to practise unrestricted as a registered nurse had been addressed.

The panel then considered the concerns relating to dishonesty. The panel acknowledged that your most recent reflective statement was stronger than the material considered by the previous reviewing panel. The panel noted that you

expressly acknowledged your dishonest conduct and recognised the potential consequences of your actions for patients, colleagues and the wider public. You demonstrated an understanding that dishonesty can undermine trust within a healthcare team, affect communication and ultimately compromise patient safety. You also recognised the wider impact of dishonest conduct upon public confidence in the nursing profession.

The panel further noted that your reflection engaged with the NMC Code and demonstrated an understanding of the seriousness of dishonesty within the nursing profession. However, the panel concluded that the principal concern identified by the previous panel had not been sufficiently addressed. The issue was not simply whether you could explain why dishonesty was wrong or describe its potential consequences. The central issue was whether you had demonstrated meaningful insight resulting in behavioural change. The panel considered your reflection contained a detailed explanation of the consequences of dishonesty but was not satisfied that it sufficiently demonstrated what had changed in your behaviour since the previous hearing or how you had addressed the particular concern of dishonesty identified by the previous panel.

In particular, the panel was concerned by the circumstances surrounding the reference provided by your manager for the purposes of the last review. You had requested a reference for the previous hearing but your manager was not made aware of the dishonesty charges until shortly before the hearing. The previous panel had identified this as significant because it raised concerns about your insight and application of your duty of candour. The panel noted that the current bundle did not contain an updated reference from your manager addressing this issue nor any up-to-date reflections from you on your insight into these concerns.

The panel noted the submissions made on your behalf as to why your manager may not have provided a further reference. The panel did not make any adverse finding against you arising solely from the absence of an updated managerial reference. It nevertheless considered that the absence of such evidence was significant because the previous panel had expressly identified it as material to the assessment of your insight and behavioural change.

The panel also considered that whilst the references you did provide were supportive of your current practice and stated that you had been open with colleagues about your regulatory concerns, neither reference demonstrated that the writer was aware of, and had considered, the specific dishonesty concerns which had been identified by the previous panel. It considered that the references did not provide the independent evidence of behavioural change in relation to dishonesty which the previous panel had identified as important. The panel therefore concluded that, although your insight into the consequences of dishonesty had developed, there remained a significant gap between understanding and explaining the consequences of dishonest conduct and demonstrating that this understanding had resulted in sustained behavioural change.

The panel accepted that the persuasive burden was upon you to demonstrate that you are no longer impaired. The panel was mindful that it was required to consider whether the evidence demonstrated that the risks identified previously had been sufficiently addressed and whether a finding of current impairment remained necessary.

The panel also considered the significance of the unresolved dishonesty concern in the context of your future clinical practice. The panel recognised that your medication practice has improved considerably. However, the panel considered that safe nursing practice requires not only the ability to administer medication safely, but also the ability to respond openly and honestly when something goes wrong.

The panel considered that, if you were to make a medication error or encounter another incident in practice, it was not presently satisfied that you had demonstrated, through evidence of changed behaviour, that you would necessarily be open and candid about that error with your employer, colleagues or other appropriate persons. The unresolved concern therefore has a direct relevance to patient safety. The panel considered that the risk is not limited to the repetition of the original dishonest conduct; it extends to the potential for a lack of candour in responding to a future clinical error or other professional concern.

The panel therefore concluded that, although you have made significant progress in relation to medication administration, you have not yet demonstrated sufficient remediation

of the underlying concern relating to honesty, candour and behavioural change. The panel was not satisfied that the risk to patients arising from that unresolved concern had been sufficiently reduced.

Accordingly, the panel determined that your fitness to practise remains impaired on the grounds of public protection.

The panel separately considered whether a finding of continuing impairment was necessary on public interest grounds.

The panel noted that the previous reviewing panel had determined that continuing impairment on public interest grounds was no longer required at that stage. The panel also recognised the considerable period for which you have been subject to suspension and the significant progress you have made in relation to medication administration.

The panel was mindful that the public interest requires the maintenance of public confidence in the nursing profession and the upholding of proper standards of conduct and performance. However, having considered all of the circumstances of this case, the panel determined that it was not necessary to make a separate finding of continuing impairment on public interest grounds.

The panel considered that its finding of current impairment on the grounds of public protection sufficiently addressed the outstanding concerns and fulfilled its duty to protect patients and the wider public. The panel therefore made no finding of current impairment on public interest grounds.

For these reasons, the panel finds that your fitness to practise remains impaired on public protection grounds.

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 would it address the public protection concerns 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 not be proportionate in these circumstances to impose a caution order.

The panel next considered whether a conditions of practice order would be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be proportionate, measurable, workable and capable of addressing the identified impairment.

The panel carefully considered the submissions made on your behalf that conditions of practice could be formulated, including conditions requiring your medication administration competency to be signed off before you administered medication, monthly supervision with your manager and working for one substantive employer.

The panel recognised that, if the outstanding concerns related solely to medication administration, it may have been minded to consider a conditions of practice order. The panel was satisfied that you had made significant progress in relation to your medication practice and had demonstrated insight, undertaken relevant training and worked safely in your current healthcare role. However, the panel considered that the principal outstanding concern was not one of medication competency but related to dishonesty, candour and the need for meaningful behavioural change. The panel concluded that it would be difficult to formulate conditions which could adequately monitor or remediate this aspect of your

fitness to practise. The panel considered that dishonesty is an attitudinal concern which cannot readily be addressed through transactional conditions relating to clinical practice.

The panel was particularly concerned that, despite the previous panel having identified the need for evidence demonstrating your understanding of the dishonesty concern and behavioural change, you had not provided sufficient evidence to satisfy the panel that this concern had been remedied. The panel therefore concluded that conditions of practice would not adequately address the outstanding concern or sufficiently protect the public.

The panel considered the imposition of a further period of suspension.

The panel considered that a further suspension order would provide you with a further opportunity to develop and demonstrate the insight and behavioural change which remained outstanding. The panel was mindful that you have already been suspended for a period of more than two years.

The panel took into account that you had successfully addressed much of the medication-related concern. It recognised that you had continued to work in a healthcare setting during your suspension, had gained significant experience in medication administration, had completed relevant training and had not been involved in any further medication errors since August 2025. The panel considered this to be significant progress.

The principal outstanding issue for the panel was your insight into the specific dishonesty and candour concern identified by the previous reviewing panel and, crucially, whether that insight had resulted in behavioural change.

The panel emphasised that the purpose of the further suspension was not simply to provide you with additional time away from registered practice. Rather, it was intended to provide you with an opportunity to demonstrate a change in behaviour and to provide objective evidence that the concerns identified by the previous panel had been addressed. The panel considered that a further period of suspension would provide you with an opportunity to demonstrate your understanding of implications of dishonest conduct and how this insight has translated into your behaviour in the workplace. The panel considered that your further reflection should address not only the original dishonest conduct, but also

the subsequent failure to be fully candid with your manager when requesting a reference for the previous hearing, which was the particular concern identified by the previous panel.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public. Accordingly, the panel determined to impose a suspension order for the period of 4 months. The panel considered that four months would provide a reasonable and proportionate period for you to address this remaining concern. In particular, the panel considered that you should use this period to undertake any appropriate further education or training concerning dishonesty, candour, professional accountability and behavioural change, and to reflect on the conduct found proved and upon the circumstances identified by the previous panel.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 27 September 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 would be assisted by:

- An updated reflective statement demonstrating how you have developed your understanding of the specific dishonesty and candour concerns identified by the previous reviewing panel, including how that understanding has resulted in behavioural change in your workplace.
- An updated reference from your current manager, which confirms that the referee is aware of the charges found proved and the previous panels concern regarding dishonesty and duty of candour.

This will be confirmed to you in writing.

That concludes this determination.