

**PUBLIC RECORD****Date:** 31 January 2025**Doctor:** Dr Anthony DIXON**GMC reference number:** 2805726**Primary medical qualification:** MB BS 1983 University of London**Type of case**

Misconduct

**Summary of outcome**

Suspension for six months

**Legally Qualified Chair:**

Legally Qualified Chair:	Ms Morag Rae
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**Review on the Papers**

This case was reviewed on the papers, with the agreement of both parties, by a Legally Qualified Chair.

**Overarching Objective**

Throughout the decision making process the chair has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

### Determination by the Legally Qualified Chair

1. I have noted the background to Dr Nixon's case, which was first considered by a Medical Practitioners Tribunal in July 2024. Dr Dixon, a consultant colorectal surgeon, faced allegations of failures in respect of care, treatment and diagnosis in respect of six patients between 16 December 2010 and 23 July 2016. The allegations included undertaking of examinations in the absence of a chaperone, failures to obtain informed consent, performing procedures either not consented for or not clinically indicated; and failures to provide adequate post-operative care.
2. Mr Dixon obtained his MBBS in 1983, and he became a fellow of the Royal College of Surgeons (FRCS) in 1987. He was appointed as a Consultant Surgeon at Frenchay Hospital in May 1996. He was awarded FRCS Eng ad eundem in 2012. Mr Dixon is an Honorary Reader in Colorectal and Pelvic Floor Surgery at the University of Bristol. He was a member of council for his subspecialty professional association (ACPGBI) 2008-16 and was elected inaugural Chairman of the Pelvic Floor Society from 2013 to 2016 and was a founder of the Society.
3. On 18 July 2024, the Tribunal found Dr Dixon's fitness to practice was impaired by reason of his misconduct. This misconduct was found to be that he performed operations on five patients without obtaining informed consent, that one of these operations was not clinically indicated, that he failed to provide adequate post-operative care for one patient in that he made an inappropriate comment to them, and that he failed to acknowledge another patient's ongoing symptoms.
4. The Tribunal determined that given the seriousness of its findings, a finding of impairment was necessary to uphold proper professional standards and public confidence in the medical profession in the circumstances of this case. The Tribunal noted that there has been a full investigation and hearing and a determination of misconduct, however the Tribunal did not consider that this was sufficient of itself to uphold proper professional standards. Dr Dixon's misconduct was serious, it encompassed several patients and involved significant failures to appropriately communicate key aspects relevant to consent. The Tribunal considered that public confidence in the profession would be undermined if a finding of impairment were not made.

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5. The Tribunal considered that there had been a serious departure from GMP and that a sanction lower than suspension would not be sufficient to protect the public. The Tribunal determined that he had breached the 2008 consent guidelines and failed to obtain informed consent in that he did not adequately advise Patients A, G, F and J, of the risks involved in their respective procedures. Further he had carried out procedures on Patients F and G which they were not expecting and had not adequately consented to. The Tribunal determined that this conduct could be remediated. The Tribunal considered that erasure was not in the public interest in these circumstances particularly because of Dr Dixon's considerable skills as a surgeon. That Tribunal determined to suspend Dr Dixon's registration for a period of six months as the appropriate and proportionate sanction that would satisfy the overarching objective.
  
6. In order to provide assistance at this review the Tribunal recommended that Dr Dixon provide:
  - Evidence that he understood the gravity of the misconduct
  - Evidence that he had fully remediated
  - Evidence that he had developed insight
  - Evidence that there was no risk of repetition
  
7. XXX
  
8. XXX
  
9. XXX, Dr Dixon and the GMC have agreed that this review should be considered on the papers in accordance with Rule 21B of the General Medical Council (Fitness to Practise) Rules 2004. They have provided agreed terms of an order which I could make at this review.
  
10. I have considered all of the evidence presented to me, and the agreed submissions made on behalf of Dr Dixon and by the GMC. In the submissions, Dr Dixon and the GMC agree that Dr Dixon's registration should be subject to a further period of suspension for 6 months.
  
11. XXX.

**Record of Determinations  
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- 12.** In reaching my decision, I have taken account of the Sanctions Guidance. I have borne in mind that the purpose of the sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.
- 13.** I have applied the principle of proportionality, weighing Dr Dixon's own interests with the public interest. The public interest includes amongst other things, the protection of patients, the maintenance of public confidence in the profession, and declaring and upholding of proper standards of conduct and behaviour.
- 14.** I am satisfied that a period of suspension is proportionate and would be sufficient to protect the public and the public interest. I have therefore determined that Dr Dixon's registration be suspended for a period of six months.
- 15.** In reaching this decision, I have borne in mind that XXX.
- 16.** On that basis, the suspension is to be extended with no consideration of impairment.
- 17.** The effect of this direction is that, unless Dr Dixon exercise his right of appeal, the period of suspension will take effect 28 days from when written notice of this determination has been served upon him. The current order of suspension will remain in place until the appeal period has ended, or in the event that he does appeal, that appeal is decided. A note explaining Dr Dixon's right of appeal will be provided to him.
- 18.** Notification of this decision will be served on Dr Dixon in accordance with the Medical Act 1983, as amended.