

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

**Substantive Order Review Hearing
Friday, 2 October 2026**

Virtual Hearing

Name of Registrant:	Joanne Burchell
NMC PIN	83A3835E
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing – 23 September 1986
Relevant Location:	Devon
Type of case:	Misconduct
Panel members:	Oluwasola Falola (Chair, registrant member) Victoria Head (Registrant member) Roseann Kane (Lay member)
Legal Assessor:	Trevor Jones
Hearings Coordinator:	Stanley Udealor
Nursing and Midwifery Council:	Represented by Ben Edwards, Case Presenter
Ms Burchell:	Present and represented by Conell Loggenberg
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Impaired
Outcome:	Conditions of practice order (12 months) to come into effect on 17 October 2027 in accordance with Article 30 (1)

Decision and reasons on review of the substantive order

The panel decided to impose a conditions of practice order for a period of 12 months.

This order will come into effect at the end of 17 October 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second effective review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee on 20 March 2025. This was reviewed on 5 March 2026 when the reviewing panel extended the suspension order for a period of six months. A hearing was scheduled on 4 September 2026 but it was adjourned.

The current order is due to expire at the end of 17 October 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 while employed as the Manager of Holmesley Nursing Home between February 2021 – 9 March 2021:

- 1. On one or more occasions, did not follow infection control procedures as you:
 - a) Informed staff members that their Covid Lateral Flow test results were negative when the results were positive;*
 - b) Stated that positive Lateral Flow test results were inaccurate and/or negative because the tests used were from a faulty batch when you had no clinical basis for doing so;*
 - c) Allowed staff members to work when they had tested positive for Covid.**

2. *Did not provide leadership and/or management to implement effective infection control measures to prevent the spread of Covid, in that:*
- a) residents were not isolated when admitted or readmitted to the Home;*
 - b) residents with symptoms were not isolated;*
 - c) staff members did not wear masks consistently and/or in the proper manner;*
 - d) barrier nursing was not implemented at the first opportunity after residents tested positive for Covid;*
 - e) Infection control/barrier control signs were not on the doors of residents who had tested positive and/or showing symptoms of Covid;*
 - f) ...*
 - g) ...*
 - h) ...*
 - i) Threw a telephone message from Public Health England asking if more staff were required, in the bin saying “we do not need their help” or words to that effect.*
3. *Your conduct at any and/or all of charges 1 – 2 put residents and/or staff at risk of serious harm.*

And, as a consequence of the above, your fitness to practise is impaired by reason of your misconduct.'

The first reviewing panel determined the following with regard to impairment:

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

The panel noted that the original panel found that Miss Burchell had emerging insight. At this review hearing, the panel had nothing new

before them to demonstrate any further insight or strengthening of practice.

The panel noted what the original substantive panel stated to Miss Burchell, would assist a reviewing panel in making their decision:

- *‘Evidence of further insight and reflection into your misconduct and specifically addressing your managerial and leadership skills;*
- *Further training undertaken relating to the identified areas of concern;*
- *Recent testimonials relating to any work undertaken whether in or outside of healthcare, paid or unpaid.’*

As there was no new information before it, the panel concluded that Miss Burchell was still impaired.

The original panel determined that Miss Burchell was liable to repeat matters of the kind found proved. Today’s panel has determined that Miss Burchel is still liable to repeat matters of the kind found proved and 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 Burchell’s fitness to practise remains impaired.’

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

'The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Miss Burchell further time to fully reflect on her previous failings. It considered that this was the first review of the substantive order and concluded that a further 6 months suspension order would be the appropriate and proportionate response and would afford Miss Burchell adequate time to further develop her insight and take steps to strengthen their practice.

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 6 months would provide Miss Burchell with an opportunity to engage with the NMC and adequately address her misconduct. It considered this to be the most appropriate and proportionate sanction available at this stage. However any further reviewing panel is likely to wish to see evidence of positive engagement if the most serious sanction available is to be avoided.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 17 April 2026 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review the order. This panel will need to see before them, evidence that Miss Burchell has attempted to address the ongoing regulatory concerns. 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:

- *Evidence of further insight and reflection into your misconduct and specifically addressing your managerial and leadership skills;*
- *Further training undertaken relating to the identified areas of concern;*
- *Recent testimonials relating to any work undertaken whether in or outside of healthcare, paid or unpaid.'*

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 a registrant's suitability to practise 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 your on-table bundle. It has taken account of the submissions made by Mr Edwards on behalf of the Nursing and Midwifery Council (NMC) and the submissions made by Mr Loggenberg on your behalf.

Mr Edwards took the panel through the background of the case and referred it to the relevant pages within the bundle. He highlighted that you have complied with the recommendations of the previous reviewing panel as you had provided a lengthy positive reflective statement that demonstrates further insight into your misconduct and addresses concerns in relation to your managerial and leadership skills. He however submitted that it was a matter for the panel to determine whether your insight has been fully developed to the extent that it could find that your fitness to practise is not impaired.

Mr Edwards highlighted that you had also provided various training certificates in the areas of concern as well as several positive testimonials made on your behalf, as recommended by the previous reviewing panel. He submitted that this evidence suggests that you have

taken steps to strengthen your nursing practice and address the concerns in this case. He however submitted that it was a matter for the panel to determine whether the training certificates and testimonials were sufficient to address the concerns.

Mr Edwards reminded the panel of its powers under Article 30(1) and submitted that if the panel determines that your fitness to practise is no longer impaired, it may allow the suspension order to lapse or revoke it. He submitted that if the panel determines that your fitness to practise is still impaired, it is a matter for the panel to determine the appropriate sanction to be imposed. He submitted that the NMC is neutral on whether your fitness to practise remains impaired and he invited the panel to consider that you had made progress since the last review and that you had complied with the recommendations of the last reviewing panel.

Mr Loggenberg submitted that your fitness to practise is no longer impaired and the current suspension order or a further sanction is no longer necessary. He submitted that you have complied with the recommendations of the previous reviewing panel as you have provided a reflective statement, several training certificates and various positive testimonials made on your behalf.

Mr Loggenberg submitted that your reflective statement was very detailed, and it demonstrated sufficient insight into your misconduct. He asserted that the various training courses you had completed as well as the several testimonials from your colleagues, whom you currently work with in healthcare, though in a non-clinical role, demonstrates your commitment to the nursing profession.

Mr Loggenberg invited the panel to revoke the current suspension order in light of your extensive reflection, insight, remorse and steps you have taken to strengthen your nursing practice. He submitted that it is the most appropriate and proportionate response that serves to protect the public because, as the NMC says that what it expects of registrants to do to take responsibility for past actions, to reflect on it, and to remediate in as far as practicably possible. He highlighted that you have been under a suspension order and therefore you have not been able to work as a registered nurse in any capacity. He submitted that you have however worked with not-for-profit organisations in such roles in which principles of professional practice as contained in the NMC Code of Conduct

applies. He submitted that, in those roles, you have demonstrated those principles, and you have been working as part of a team of people who carry out services with vulnerable people. He highlighted that you have demonstrated that you are a person safe to be working with the public in the area of health care, as could be seen from your testimonials. He stated that you currently work with people diagnosed with Parkinson's disease and dementia.

Mr Loggenberg referred the panel to the case of *NMC v Persand* [2023] EWHC 3356 (Admin) and he highlighted that the courts have drawn attention for panels to consider that for an order to still be necessary in the public interest, the public interest is a very high bar to consider. Mr Loggenberg concluded that a substantive order is no longer necessary on the grounds of public protection and public interest

The panel asked you what you have done to strengthen your practice in respect of infection control outside of the coronavirus pandemic. You told the panel that you have completed online training on infection control as you are currently working with the elderly in a non-clinical role. You stated that that whilst working with the elderly, you undertake basic infection control protocol such as hand washing and you will also ensure that if you have an infection, you will not work with vulnerable persons.

The panel asked you about your future plans if you return to practice. You stated that you have not yet made a final decision on your future plans, but you have considered returning to work in a care home as you have always been involved in healthcare.

The panel asked for clarification in relation to the position of the Disclosure Barring Service (DBS) letter highlighted in one of your testimonials. You stated that you were shocked to learn about the DBS issue as you were told in a letter by DBS to respond by 10 October 2026 and explain why you should not be placed on the DBS barred list. You stated that you were unsure of the process but you have always been open and honest with your employers and you would be sad if you were not allowed to work with adults and children.

Mr Loggenberg explained that when nurses are suspended in a regulatory process, they are usually referred to the DBS who would write to them requesting for evidence/explanation on why they should not be placed on the DBS barred list. Mr

Loggenberg submitted that the DBS letter sent to you as this did not arise from any new concerns about your practice or any issue from your current workplace.

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 considered whether your fitness to practise remains impaired.

The panel took into account that you have continued to reflect on your misconduct and you have provided an updated reflective statement demonstrating further insight into the concerns and remorse. The panel also considered that you have provided evidence of some steps taken to strengthen your nursing practice through the various training courses you have completed in the areas of concerns and several positive testimonials made on your behalf. Therefore, you have also complied with the recommendations of the last reviewing panel.

However, the panel was of the view that you have failed to demonstrate sufficient insight into the infection control concerns outside of the coronavirus pandemic and how you would act differently in a post-pandemic situation. It noted that you failed to demonstrate insight into the impact of your failings in infection control on residents, your colleagues at that time and the wider public. The panel was of the view that you have also failed to demonstrate sufficient insight into the impact of your leadership and management failings on your colleagues at that time and how you would act differently in a current clinical environment.

The panel had sight of the various training courses you had completed in the areas of concerns, however, it was of the view that you have failed to demonstrate how you would apply lessons you have learnt from those training courses into your nursing practice. The panel also noted that the testimonials made on your behalf did not directly address the misconduct concerns.

The panel therefore concluded that your insight is still developing, and you have not fully strengthened your nursing practice. In light of this, the panel determined that there remains a real risk of repetition and a consequent risk of harm to the public. It therefore concluded that a finding of continuing impairment remains 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.

In the particular circumstances of this case, where there are serious concerns relating to failures in infection control and leadership that placed residents and staff at risk of harm, as well as insufficient evidence of strengthened practice and insight, the public would expect the regulator to take action. The panel determined that public confidence in the profession, would be seriously undermined and damaged if a finding of impairment were not made in this case. For these reasons, the panel determined that a finding of current impairment remains necessary in the public interest to maintain public confidence in the nursing profession and to uphold proper standards, conduct and performance.

Having regard to all of the above, the panel finds that your fitness to practise remains impaired on both public protection and public interest 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. It had found that you have failed to demonstrate sufficient insight into the concerns nor fully strengthened your nursing

practice. The panel therefore decided that it would neither protect the public nor be in the public interest to take no further action.

The panel 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 nursing 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 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 a caution order would neither protect the public nor be in the public interest.

The panel considered replacing the current suspension order with a conditions of practice order at its expiry. Despite the serious nature of your misconduct, you have demonstrated developing insight into the concerns and taken some steps to strengthen your nursing practice. The panel was of the view that you need to be provided with the opportunity to develop further insight into your misconduct and further strengthen your nursing practice within a clinical environment. The panel noted that you have also indicated that you wish to return to nursing practice although you have not made a final decision on the area of nursing.

The panel therefore determined that there are workable conditions which are measurable, necessary and proportionate to satisfy the public interest and protect the public, whilst also allowing you to return to nursing practice. It was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to your unrestricted return to nursing practice and would serve to protect the public and uphold public confidence in the nursing profession. As such, the panel determined that the following conditions are proportionate and necessary:

'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. Prior to any NMC review hearing or meeting, you must send evidence to your NMC case officer that you have completed training and competency assessment on infection prevention and control to include but not limited to the following areas:
 - i. Aseptic technique.
 - ii. Hand Hygiene
 - iii. Personal Protective Equipment (PPE)
 - iv. Decontamination and risk management.
2. You must work with your line manager, mentor or supervisor to develop a personal development plan (PDP). Your PDP must address concerns relating to
 - a. infection prevention and control
 - b. leadership, supervision and communication of infection prevention and control requirements to patients, their families and colleagues.
3. Prior to any NMC review hearing or meeting, you must send a copy of your PDP as well as a report from your line manager, mentor or supervisor commenting on your progress towards achieving the aims set out in your PDP.
4. You must engage with your line manager, mentor or supervisor on a frequent basis to ensure that you are making progress towards aims set in your PDP, which include:
 - Meeting with line manager, mentor or supervisor at least every two months to discuss your progress towards achieving the aims set out in your PDP.
5. You must keep the NMC 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.
6. You must keep the NMC 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.
7. 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
8. 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.
9. 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

The period of this order is for twelve months in order to provide you with sufficient time to obtain employment as a registered nurse and demonstrate compliance with the conditions of practice order.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 17 October 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing, the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- A reflective statement using an evidence-based model such as Gibbs (1998), demonstrating sufficient insight and understanding of current infection prevention control requirements and leadership in a clinical setting. It should also demonstrate sufficient insight into your misconduct and its impact on residents, their families, your colleagues at that time, the wider public and the reputation of the nursing profession.
- Your continued engagement and attendance at any future review hearing.

This will be confirmed to you in writing.

That concludes this determination.