

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

**Substantive Order Review Hearing
Thursday, 20 November 2025**

Virtual Hearing

Name of Registrant:	Paul Robert Craw
NMC PIN:	17F1330E
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing – (September 2017)
Relevant Location:	Cornwall
Type of case:	Misconduct
Panel members:	Francesca Keen (Chair, Lay member) Jane McLeod (Lay member) Mordecai Edziyie Dadzie (Registrant member)
Legal Assessor:	Megan Ashworth
Hearings Coordinator:	Emma Hotston
Nursing and Midwifery Council:	Represented by Nair Maqboul, Case Presenter
Mr Craw:	Present and represented by Thomas Buxton, Counsel instructed by the Royal College of Nursing (RCN)
Order being reviewed:	Conditions of practice order (12 months)
Fitness to practise:	Not impaired
Outcome:	Order to lapse upon expiry in accordance with Article 30 (1), namely 30 December 2025

Decision and reasons on the application for the hearing to be held partly in private

At the outset of the hearing, your representative, Mr Buxton, made an application on your behalf that parts of this hearing be held in private on the basis that proper exploration of your case involves matters relating to [PRIVATE] and personal circumstances. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (NMC) (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Maqboul, appearing on behalf of the NMC, did not oppose this application.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined to go into private session as and when issues related to [PRIVATE] and personal circumstances are raised in order to protect your privacy.

Decision and reasons on review of the substantive order

The panel decided to allow the current conditions of practice order to lapse at the end of the expiry date, at the end of 30 December 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 28 November 2024.

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:

1. *On 15 August 2021 at Kernow House in relation to Colleague A*
 - a. *Shouted at them*
 - b. *...*
 - c. *...*
2. *On 16 December 2021 at Kernow House*
 - a. *Shouted at Colleagues B and C*
 - b. *Refused to follow Colleague B's instructions to leave*
 - c. *...*
3. *On 23 September 2022 at Beech Lawn in relation to Colleague D*
 - a. *...*
 - b. *stated 'it is my turn now' or words to that effect.*
4. *On 27 November 2022 at Beech Lawn*
 - a. *Used offensive language*
 - b. *Shouted at Colleague E*
 - c. *...*
 - d. *Threw a strip of Paracetamol in Colleague E's direction*
5. *The acts specified in any or all of the charges 1 to 4 amounted to behaviours which were*
 - a. *Unprofessional and/or*
 - b. *Aggressive and/or [Proved in respect of 2a and 2b only]*
 - c. *Intimidating and/or*
 - d. *...*
6. *On 29 October 2022 breached the interim conditions of practice order imposed on 24 October 2022, in that you worked as*
 - a. *the sole nurse in charge; and/or*
 - b. *without supervision.*

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

The original panel determined the following with regard to impairment:

'The panel next went on to decide if as a result of the misconduct, your fitness to practise is currently impaired.

...

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) ...'*

The panel determined that limbs a), b) and c) are engaged in this case. The panel found that there was a potential risk to residents as a result of your misconduct. Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel considered the factors set out in the case of Cohen v General Medical Council:

- whether the misconduct is capable of being addressed;
- whether it has been addressed; and
- whether the misconduct is highly unlikely to be repeated.

The panel considered the context surrounding each of the incidents relating to charges 2a, 2b, 5a, 5b, 5c, 6a and 6b. This included the pressures you were experiencing in the workplace, as well as [PRIVATE]. In light of this, the panel was satisfied that the misconduct in this case is capable of being addressed.

The panel carefully considered the evidence before it in determining whether or not you have taken steps to address the misconduct. The panel took into account your reflective statement dated 5 July 2024, your [PRIVATE], your evidence of training between December 2021 and May 2024, and your oral evidence. The panel noted that you have reached out to [PRIVATE] on numerous occasions throughout this period. You also reached out to the RCN for support and [PRIVATE]. You provided the panel with a description of [PRIVATE].

Regarding insight, the panel considered that you made admissions from the outset, and that you have demonstrated an understanding of how your actions put residents at a risk of harm, why what you did was wrong and how this impacted negatively on the reputation of the nursing profession. It was satisfied that you had demonstrated genuine remorse for your actions and you offered apologies to the colleagues who were affected by your actions. The panel was also satisfied that you had described how you would handle situations differently in the future. The panel determined that you have demonstrated good insight.

The panel took into account the context around the charges and how the behaviours arose. The panel considered [PRIVATE].

The panel considered the evidence of the NMC witnesses that you were a kind and caring nurse who had good relationships with staff, residents and relatives, notwithstanding these incidents which were not a reflection of your normal behaviour. The panel did not accept that these behaviours demonstrated deep-seated attitudinal issues, but rather it found that they were related to [PRIVATE] and the pressures placed on you from staff shortages and the NMC investigation following the concerns at [PRIVATE].

The panel noted that you are currently working as a senior carer for two paediatric patients. It was satisfied that you have maintained links with the nursing profession by continuing to work in the healthcare sector and that you have undertaken relevant training in CPD to maintain your knowledge and skills.

The panel considered, however, that your current work as a senior carer did not reflect [PRIVATE]. It noted your acceptance in oral evidence that [PRIVATE]. The panel was therefore not entirely satisfied that there was no possibility of a repetition of the behaviours you demonstrated at charges 2a, 2b, 5a, 5b, 5c, 6a and 6b.

As such, the panel could not be satisfied that it is highly unlikely that your misconduct would be repeated in the future. It therefore found that there is a risk of repetition and that a finding of current impairment of fitness to practise is necessary on the grounds 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 impairment on public interest grounds is required to mark the unacceptability of your misconduct and to

uphold proper professional standards. The panel considered that a well-informed member of the public would be concerned if a finding of impairment were not made in a case where you had demonstrated unprofessional, intimidating and aggressive behaviour towards colleagues, and breached an interim conditions of practice order.

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

Having regard to all of the above, the panel was not satisfied that at this stage, you can practise kindly, safely and professionally. It therefore determined that your fitness to practise is currently impaired.'

The original panel determined the following with regard to sanction:

'Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case.

...

The panel next considered whether placing 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 took into account the SG, and identified the following factors in your case:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*

- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel was satisfied that there was no evidence of harmful deep-seated personality or attitudinal problems in your case due to the contextual background to the three incidents. It considered that there were identifiable areas of your practice in need of assessment and retraining, specifically communication with colleagues and [PRIVATE]. There was no evidence of general incompetence, on the contrary, the evidence before the panel was that you were an excellent, compassionate and caring nurse and that your former colleagues would happily work with you again. The panel was satisfied that you had demonstrated potential and willingness to respond positively to retraining. In addition, the panel accepted that this was not a [PRIVATE], however, your [PRIVATE] had been a feature throughout this case. It was of the view that you have demonstrated insight into [PRIVATE] and how to manage it.

The panel found that patients will not be put in danger either directly or indirectly as a result of conditions of practice. It determined that conditions will protect patients during the period they are in force as they would enable any potential [PRIVATE] to be identified and addressed at an early stage. Further, it concluded that conditions can be created that can be monitored and assessed.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the concerns highlighted in this case.

The panel was of the view that it was in the public interest that, with appropriate safeguards, you should be able to return to practise as a nurse.

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

The panel bore in mind that you have been subject to an interim suspension order since December 2022. It noted its earlier finding on impairment, which related to the fact that you have not been able to practise and demonstrate [PRIVATE]. In light of this and notwithstanding its decision that a conditions of practice order is the appropriate sanction in this case, the panel determined that a further period of suspension from nursing practice would be of little benefit in your case and disproportionate.

The panel reminded itself that a period of suspension is often imposed to mark the public interest in a case and to send to the public and the profession a clear message about the standards of practice required of a registered nurse. It noted that a panel could impose such an order for a maximum period of 12 months. Given that you have been suspended for nearly two years, the panel was of the view that this would already have served to satisfy any such public interest requirement and any extension would only delay the opportunity for you to return to safe practice and demonstrate that you have remedied your misconduct.

The panel also carefully considered the submissions of Mr Hoskins in relation to the striking-off order that the NMC was seeking in this case. However, the panel considered that to impose a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case. The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with you remaining on the register.

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

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

For the purposes of these conditions, ‘employment’ and ‘work’ mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, ‘course of study’ and ‘course’ mean any course of educational study connected to nursing, midwifery or nursing associates.

1. *You must limit your nursing practice to one substantive employer.*
2. *You must not be the nurse in charge of any shift, ward or unit.*
3. *You must have a mentor, supervisor or their nominated deputy who must be a registered nurse and must be available for informal contact as required.*
4. *You must work with your mentor or supervisor to develop a Personal Development Plan (PDP) to address the following areas of concern:*
 - *Communication and working with colleagues*
 - *[PRIVATE].*
5. *You must meet with your mentor, supervisor or their nominated deputy every month to discuss the standard of your performance, your progress towards achieving the aims set out in your PDP and any other concerns which have arisen.*
6. *You must forward to the NMC a copy of your PDP within 28 days of starting employment.*

7. *You must send your case officer a report from your mentor, supervisor or their nominated deputy in advance of any review of this order. This report must comment on the standard of your performance, your progress towards achieving the aims set out in your PDP and any other concerns which have arisen.*
8. *You must keep us informed about anywhere you are working by:*
 - a) *Telling your case officer within seven days of accepting or leaving any employment.*
 - b) *Giving your case officer your employer's contact details.*
9. *You must keep us informed about anywhere you are studying by:*
 - a) *Telling your case officer within seven days of accepting any course of study.*
 - b) *Giving your case officer the name and contact details of the organisation offering that course of study.*
10. *You must immediately give a copy of these conditions to:*
 - a) *Any organisation or person you work for.*
 - b) *Any employers you apply to for work (at the time of application).*
 - c) *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*
11. *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.*
12. *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 12 months. The panel concluded that such a period would be adequate to provide you with the opportunity to secure employment and demonstrate improved communication skills and [PRIVATE] whilst working in the capacity of a registered nurse.'

Decision and reasons on current impairment

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

The panel had regard to the NMC guidance which states, '*the question that will help decide whether a professional's fitness to practise is impaired is: Can the nurse, midwife, or nursing associate practise safely, kindly and professionally*'. 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 the bundle of evidence submitted on your behalf. It has taken account of the submissions made by Ms Maqboul on behalf of the NMC and Mr Buxton, on your behalf.

Ms Maqboul reminded the panel that the previous panel noted there was no evidence of harmful or deep-seated attitudinal issues but there were issues found proved that related to your communication and these were identifiable areas of remediation.

Ms Maqboul submitted that you have demonstrated considerable insight since the incidents occurred and there is a possibility to remediate these matters through training. She submitted that impairment was found by the previous panel on public interest and public protection grounds. Furthermore, a conditions of practice order was imposed for 12 months, which the previous panel determined was adequate to improve your communication skills and [PRIVATE] as a nurse. Ms Maqboul submitted that the previous

panel recommended that a future panel would be assisted by your providing evidence of insight, testimonials and training, in relation to communication skills and [PRIVATE].

Ms Maqboul reminded the panel that the persuasive burden is on you to demonstrate that your fitness to practise is no longer impaired. She submitted that the NMC has acknowledged that you have gone to considerable efforts to remediate the past concerns and demonstrate your compliance with the conditions of practice order. She submitted that whilst you have not yet returned to nursing practice, you have completed significant work in a clinical setting as a senior carer, and have attempted to demonstrate remediation of your actions, particularly through your interactions with staff.

Ms Maqboul submitted that only by being tested in a nursing role can a decision be made as to whether you have fully remediated the concerns found by the previous panel. She submitted that the NMC's position is that you remain impaired and a conditions of practice order should remain in place for 12 months to provide you with adequate time to return to nursing practice and to meet these conditions of practice.

Mr Buxton, on your behalf, submitted that a theme of this case and relevant to this review is that you have not been able to secure work as a nurse.

Mr Buxton submitted that you have in the past, also experienced [PRIVATE] which were discussed in your written reflection, however he noted that in your reflection you stated that you have not needed [PRIVATE].

Mr Buxton also submitted that in the evidence and within your reflection, you refer to [PRIVATE] as part of your remediation. Mr Buxton submitted however that in no way is this an acknowledgement that what led to these referrals is still of application and relevance. He submitted that [PRIVATE].

Mr Buxton submitted that there is a lack of evidence though no fault of your own, to demonstrate remediation in a nursing environment. He submitted that this was never a case where your competence and clinical skills were called into question.

Mr Buxton submitted that the previous panel considered the witness evidence that you were a kind nurse and the incidents were not a reflection of your normal behaviour. He submitted that your actions at the time of the incident contrasted in relation to your competence and faultless practice in a clinical sense. He submitted that there were no deep-seated attitudinal concerns. He also reminded the panel that the previous panel considered that your current employment as a senior carer did not reflect [PRIVATE]. However, he submitted that evidence has been provided through your written reflections that you now demonstrate an improved understanding of [PRIVATE]. He submitted that reflection has been an ongoing process for you and it is without question that your reflections demonstrate full insight, regret and remorse for the incidents that occurred.

He submitted that through your written reflections, you have acknowledged and explained how the NMC Code applies to your actions and have discussed how you are applying it in your practice moving forward. Mr Buxton submitted that in your written reflections you address [PRIVATE], demonstrating full insight. He submitted that you have reflected on interpersonal communication skills and its importance in nursing practice. Through these reflections, you have demonstrated how you have read widely on such matters, including understanding different perspectives and behaviours, in addition to conflict resolution.

Mr Buxton submitted that in your written reflections you also demonstrate insight into [PRIVATE]. He submitted that in your reflections, you also gave specific examples, albeit not in a nursing role, [PRIVATE], including situations where you have needed to escalate matters, which is an important part of communication.

Mr Buxton submitted that in terms of looking for work in a nursing role, you have undertaken considerable efforts to comply with the conditions of practice, in order to demonstrate full remediation. He submitted that you have provided evidence of applications for nursing roles, including community nursing roles which were not successful apparently hindered by the existing conditions of practice. He also submitted that you have provided evidence of job applications made from Jan 2025 to today's date. He submitted that examples of these applications include instances where you have been unsuccessful, or if recruitment has stopped, and submitted that you have been blameless in these regards.

Mr Buxton submitted that email evidence was provided by you that an interview was cancelled last week and the reason given by the employer was that they would not be able to support a nurse with a conditions of practice order. He submitted that there is clear evidence that you have experienced difficulties and disappointment in not finding work but are determined to return to nursing practice.

Mr Buxton submitted that the misconduct concerns your communication, which has in the past been clumsy and at times aggressive, however, he wanted to highlight the contextual circumstances that you were experiencing at the time.

Mr Buxton submitted that you have an interview tomorrow which demonstrates your continued efforts and perseverance in finding work to meet the conditions of practice. He submitted that you have also provided evidence of a discussion with a careers coach on 10 November 2025. He submitted that you have also made two further job applications and are continuing to try to gain employment to show your worth and full remediation to the panel.

Mr Buxton submitted that the panel will need to consider, notwithstanding these efforts and remediation attempts, whether you continue to pose a risk. He submitted that you have provided ample evidence of courses and training that you have undertaken to maintain your clinical skills and knowledge in the nursing field.

Mr Buxton submitted that if impairment is found by the panel, the full range of sanctions will need to be considered, including whether there is a necessity to make any order at all. He acknowledged the NMC's position is that a conditions of practice order remains necessary. He submitted that the longer the time frame in which you are under a conditions of practice order, this might adversely affect employers' willingness to employ you, given that the most recent application was unsuccessful for this reason. He also submitted that as you have not worked as a nurse for some time, this may impact your ability to find work. He submitted that the panel should consider how this will be perceived given the circumstances.

Mr Buxton submitted that you have not at any stage demonstrated that you are not clinically competent, and this was acknowledged by witnesses who gave evidence in your

case. He submitted that it is a great shame that you have not yet been able to get back into practice as a nurse, although you have much to offer. He submitted that it would be in the public interest for you to return to a nursing role. He invited the panel to consider whether there are any changes to the conditions of practice order that could be made to make your job applications more attractive to employers.

Mr Buxton submitted that in relation to the existing conditions of practice, limiting work to one employer is in most cases necessary but he did not think it was causing an issue in this case. He submitted whether the conditions of practice order of being the sole nurse in charge was necessary, as the issue is one of communication and the problems arose when you acknowledged that you were experiencing [PRIVATE]. He submitted that the concerns were limited to specific areas and there were no deep-seated attitudinal concerns or concerns related to your practice.

In his closing submissions, Mr Buxton invited the panel to find whether the conditions of practice could be adapted in some way and invited them to consider how long they should be in place. He submitted that a shorter time frame for the conditions of practice would be advantageous and would alleviate your concerns in being able to access and maintain work as a nurse but thereafter would demonstrate full remediation and that you can practice safely, kindly, and professionally.

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 your fitness to practise remains impaired.

The panel noted that the persuasive burden is on you to demonstrate that you are no longer impaired and it was of the view that you have sufficiently discharged this burden.

In relation to the breach of the interim order, the panel noted the observations of the previous panel that there was no risk of repetition and this panel has not seen any basis

for not agreeing with those findings and therefore did not consider this aspect of your misconduct further.

The panel noted that the last reviewing panel found that you had demonstrated insight into your health and how to manage it. At this hearing, the panel had regard to your two in-depth written reflections. The panel noted that you have thoroughly engaged with the fitness to practise process and took into account the steps you have taken to address the relevant concerns and recommendations given by the previous panel. The panel noted that in your reflections, you demonstrated significant remorse and the panel noted that you have included an example of how you have demonstrated and applied your learning in regard to communication and had outlined how you have implemented your training and have escalated issues appropriately. The panel determined that your insight has fully developed.

The panel had sympathy with the difficulties that you have encountered in seeking employment in a nursing role and noted that you have made extensive attempts to seek employment. The panel considered that it was encouraging that you have demonstrated commitment to strengthening your practice through your current employment as a senior carer and through training and in seeking work in a nursing role in order to demonstrate your progress.

The panel noted that although you have been working as a senior carer, you have not worked in a nursing role since November 2022. However, although the panel noted that the conditions of practice have not been fully engaged, it was satisfied that you have gained transferrable skills in this role, which can be applied to your future nursing practice. In particular, the panel noted that the skills you have developed in communication can adequately be transferable to a nursing role. It also noted the relevant training that you have completed in conflict resolution and de-escalation. The panel acknowledged that the charges relate to a few isolated episodes and recognised that you have provided evidence in your reflections [PRIVATE]. It noted that [PRIVATE]. Furthermore, the panel also took into account the considerations of the previous panel which noted the witness evidence that you were a kind and caring nurse and these incidents were not a reflection of your normal behaviour. The previous panel stated:

'The panel considered the evidence of the NMC witnesses that you were a kind and caring nurse who had good relationships with staff, residents and relatives, notwithstanding these incidents which were not a reflection of your normal behaviour. The panel did not accept that these behaviours demonstrated deep-seated attitudinal issues, but rather it found that they were related to [PRIVATE] and the pressures placed on you from staff shortages and the NMC investigation following the concerns.'

The panel noted that through your work as a senior carer, you have provided demonstrable evidence of how you have applied your learning and have strengthened your practice to the extent that you can now return to practise safely, kindly and professionally, particularly when you return to the pressures of a busy clinical nursing environment. The panel noted that you have demonstrated full insight into your communication failings and how your improved communication skills can be transferred to a future nursing role.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account a number of various training certificates and positive character testimonials.

The previous panel determined that it could not be satisfied that it is highly unlikely that your misconduct would be repeated in the future. Today's panel has reviewed your written reflections and evidence provided at this hearing. In light of your reflections, remediation and up-to-date training, in addition to the salutary lesson that the regulatory proceedings have provided, this panel determined that you are now not liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is not necessary on the grounds of public protection. The panel determined that you do not present a risk to the public and can practise kindly, safely and professionally.

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 considered that public confidence in the nursing profession and the NMC have been upheld by the regulatory proceedings. The panel also considered that there is a public interest in allowing a

competent practitioner to return to the nursing profession. It determined that, in this case, the panel finds that, although your fitness to practise was impaired at the time of the incidents, given all of the above, your fitness to practise is not currently impaired on the grounds of either public protection or public interest.

In accordance with Article 30(1), the substantive conditions of practice order will lapse upon expiry, namely the end of 30 December 2025.

This will be confirmed to you in writing.

That concludes this determination.