

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

**Substantive Order Review Hearing
Friday, 22 May 2026**

Virtual Hearing

Name of Registrant: Eva S Casaul

NMC PIN: 02C17710

Part(s) of the register: Registered Nurse, Sub Part 1
Adult – Level 1 (18 March 2002)

Relevant Location: Suffolk

Type of case: Misconduct and Lack of Competence

Panel members: Lucy Watson (Chair, registrant member)
Sandra Abramsamadu (Registrant member)
Alison Hayle (Lay member)

Legal Assessor: Nigel Ingram

Hearings Coordinator: Clara Federizo

Nursing and Midwifery Council: Represented by Joanna Le Bert-Francis, Case Presenter

Ms Casaul: Present and represented by Karl Shadenbury, instructed by UNISON

Order being reviewed: Conditions of practice order (15 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (12 month) to come into effect on 2 June 2026 in accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

The panel decided to vary the current conditions of practice order.

This order will come into effect at the end of 2 June 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the fifth effective review of a substantive suspension order originally imposed for a period of 6 months by way of a Consensual Panel Determination on 12 September 2022. This order was reviewed on 2 March 2023, and a Fitness to Practise Committee panel decided to replace the order with a substantive conditions of practice order for 9 months. The conditions of practice order was reviewed and confirmed on 4 December 2023 for a further 6 months. On 31 May 2024, the reviewing panel decided to vary the substantive conditions of practice order for 9 months. On 20 and 23 January 2025, the conditions of practice order was varied once more and imposed for 15 months.

The current order is due to expire at the end of 2 June 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, between April 2020 and April 2021, failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 6 nurse in that you:

1. *On 11 May 2020 and/or 18 May 2020:*

a) *Required prompting to check the portable incubators settings.*

b) *Required prompting to relay full and/or accurate information during handover.*

2. *On one or more occasions between 1 June 2020 and 23 December 2020 failed to respond appropriately to patient monitor alarms in that you failed to*

respond to the alarm at all and/or required prompting to respond to the alarm and/or silenced the alarm without checking the patient beforehand.

3. On one or more occasions on 3 June 2020:

- a) Failed to check medicine protocols prior to calculating patients' medication doses.*
- b) Failed to check the expiry date of oral medication bottles from the time of opening.*
- c) Failed to prepare the correct dose of Konakion to administer and drew up in a syringe 0.9ml instead of the correct amount of 0.09ml mls.*
- d) Failed to consider the use of a filter needle to draw up Konakion from the glass vial.*
- e) Documented a patient saturation level by copying a previous entry.*
- f) Failed to understand that the entry made in charge 3e) required an escalation of care.*
- g) Failed to use sanitising gel effectively in that the duration and method of rubbing was insufficient.*
- h) Required prompting to complete patient observations.*
- i) Required prompting to undertake patient feeds.*
- j) Required prompting to check the naso-gastric tube's position before administering medication and/or feed.*
- k) Opened the roller clamp of an infusion pump when it was giving instruction to keep it closed while it was priming the line.*
- l) Did not understand what was meant by the duration of the infusion.*
- m) Failed to warm milk for a patient's feed because the patient had not been allocated to your care.*

4. On 23 or 25 June 2020 advised the medical team that a patient had not been receiving oxygen for a number of days instead of correctly reporting that the patient had not received oxygen for a number of hours.

5. On 24 June 2020, in relation to Patient B:

- a) Documented they had a confirmed syndrome related to hearing loss when no syndrome was confirmed.
- b) Documented they were breastfed when they were bottle fed.
- c) Documented that the car seat challenge was 'not applicable' when such a test should have been undertaken.
- d) Documented 'not applicable' in the section of documentation regarding transport arrangements when this section is always applicable and requires completion.

6. On 26 June 2020:

- a) Failed to calculate the correct amount of feed to administer and documented 150 mls xkg instead of 165 mls xkg
- b) Failed to record saturations for several hours on the hourly recording chart
- c) Failed to wear gloves and/or an apron when inserting an oro-gastric tube.

7. On 30 June 2020:

- a) When calculating a calcium preparation, used the concentration for potassium rather than calcium.
- b) Incorrectly documented a patient's fluid intake.
- c) Failed to follow Aseptic Non Touch Technique ("ANTT") guidance when preparing IV medication.
- d) Documented the pressure of an infusion pump without checking the reading on the pump.
- e) Required prompting to take a patient's blood pressure.
- f) On one or more occasions failed to identify that there was an air bubble in the syringe prior to initiating a patient's blood gas.

8. On 3 July 2020:

- a) Failed to wear an apron when administering oral medication to a patient.
- b) Required prompting to clean a patient's bed space, incubator, unit and chair.

- c) *On one or more occasions took a patient's respiration rate using the monitor rather than manually.*
- d) *Required prompting to take an axilla temperature when the probe temperature reading was low.*
- e) *Required prompting to reposition a patient in order to get an aspirate.*
- f) *Required prompting to record a patient's visual infusion phlebitis ("VIP") score and/or check their cannula site.*

9. *On 8 July 2020 advised nursing staff during patient handover of the wrong time that a patient's next feed was due.*

10. *On 9 July 2020:*

- a) *Advised the medical team that a patient's blood gas results were good when the carbon dioxide levels were raised.*
- b) *On one or more occasions took patient observations using the monitor rather than manually.*

11. *On 14 July 2020 incorrectly documented that a patient's benzylpenicillin should be administered at 09:00 when it was due at 21:00.*

12. *On 21 December 2020 were unable to calculate the correct dose of oral caffeine medication for a patient.*

13. *On 23 December 2020 required prompting to wear gloves and an apron for patient contact.*

14. *On one or more occasions between 28 December 2020 and 21 January 2021 failed to calculate the correct dose of Benzylpenicillin.*

15. *On 4 January 2021 required prompting to check the naso-gastric tube's position before administering medication.*

16. *On 6 January 2021, when a patient's oxygen appeared to be desaturating,*

increased their oxygen before checking that the saturation probe was on correctly.

AND in light of the above, your fitness to practice is impaired by reason of your lack of competence.

17. On 30 June 2020:

- a) Documented the pressure of an infusion pump without checking the reading on the pump.*
- b) [...]*
- c) Signed off a patient's safety checks when the patient did not have an identification*
 - i. wrist band on.*

18. On 3 July 2020:

- a) recorded a VIP score of "0" without first looking at the cannula site.*

19. On 9 July 2020:

- a) Failed to take Patient C's observations at 10:00.*
- b) [...]*
- c) Documented a patient's VIP score without checking the patient's cannula site.*

20. [...]

- a) [...]*
- b) [...]*

21. On 21 January 2021 documented a VIP score when you had not undertaken a physical check on the patient.

22. Your actions at any or all of Charges 17-21 were dishonest in that you intended to create the misleading impression that you had carried out the checks and/or observations when you knew you had not.

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

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

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

The panel noted that the last reviewing panel found that you had insufficient insight and there is nothing new before this panel to suggest that your insight has developed. The panel also considered that you have not demonstrated that you fully understand the potential risk to patients. Therefore, the panel could not be satisfied that there would be no repetition of these incidents.

The panel concluded that you are currently impaired, and that allowing you to work without conditions could bring the profession into disrepute. You have been unable to reflect that your actions could have led to harm to patients. There are deep concerns regarding medication errors and your inability to recognise when you are unsafe that would breach fundamental tenets of the nursing profession.

The panel was referred to recent training certificates obtained in your role as HCA which were not directly relevant to the concerns raised by the charges and had no information to suggest that you have further strengthened your practice.

The last reviewing panel determined that you were liable to repeat matters of the kind found proved. Today's panel considered that your previous reflective statements do show some progression and remorse, although you did not supply a reflective statement for today's review hearing despite the

previous panel suggesting that it would be of assistance. In light of this, this panel determined that you remain likely to repeat matters of the kind found proved and consequently there is an ongoing risk to the public. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel considered 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 required.

For these reasons, the panel finds that your fitness to practise remains impaired.'

The fourth 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 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 it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether imposing a varied conditions of practice order 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 determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that you have been unable to comply with conditions of practice due to your current employment status but that you are engaging with the NMC and are willing to comply with any conditions imposed.

The panel was of the view that a varied conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that there was no evidence of deep-seated attitudinal problems and that the impairment identified could be remediated. In this case, there are conditions that could be formulated which would protect patients.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 15 months, which will come into effect on the expiry of the current order, namely at the end of 2 March 2025. The panel hopes that an extended conditions of practice will provide time to secure a position as a registered nurse and a further chance at remediation which will assist you in developing deeper insight into previous failings.

The panel considered the existing conditions and decided to make a number of changes. The panel removed condition 3b) as it was contradictory to condition 6 which states you cannot work for an agency.

The panel amended condition 4 to clarify the wording and added condition 10 to assist with your reflection.

The panel therefore decided to impose the following conditions which it considered 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 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.**
- 2. 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.**
- 3. 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.**
- 4. 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 in which you are involved.*
 - c. *Any disciplinary proceedings taken against you*
5. *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.*
6. *You must limit your nursing practice to your field of nursing, Adult Nursing, with a single employer and not undertake bank or agency work.*
7. *You must ensure that you are supervised at all times you are working. Your supervision must consist of:*
 - *Working at all times on the same shift as, but not always directly observed by a registered nurse of Band 6 or above*
8. *Until you are signed off by your supervisor as competent to do so, you must not prepare or administer medication unless supervised by your supervisor. This supervision must consist of:*
 - *Direct observation.*
9. *You must work with your supervisor to create a personal development plan (PDP). Your PDP must address the concerns about administration of medications, observations, record keeping, handover, and recognition of deteriorating health in your patients. You must:*
 - a. *Send your case officer a copy of your PDP within a month of commencing employment.*

- b. *Meet with a supervisor/mentor at least every two weeks to discuss your progress towards achieving the aims set out in your PDP.*
- c. *Send your case officer a report from your supervisor every two months. This report must show your progress towards achieving the aims set out in your PDP.*

10. You must submit to your Case Officer, prior to any review hearing, a further reflective statement following a recognised reflective model. It should specifically address:

- a. *The impact and consequences of your dishonesty in the clinical setting.*
- b. *Your strategies to cope with day-to-day stress within the clinical setting.*
- c. *Any learning related to current nursing practice including reading, research or courses completed.'*

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 from you. It has taken account of the submissions made by Ms Le Bert-Francis on behalf of the NMC. She took the panel through the developments since the last review. She outlined that you have continued to work as a support worker for Sackford Care since July 2024 and referred the panel to your training certificates covering nursing studies, patient care, hygiene, manual handling, resilience and first aid. She also noted the positive supervision records and medication administration in your support

worker role. However, she emphasised that this was not equivalent to practising as a registered nurse.

Ms Le Bert-Francis noted the positive testimonial from your employer, which stated that you were coping well across different aspects of your role. She also noted your reflective piece, which outlined your coping mechanisms and included some reflections on dishonesty. She submitted that while your reflections demonstrated developing insight, remorse and some consideration of how you would behave differently in future, these do not yet fully address the risks posed by dishonesty in nursing practice.

Ms Le Bert-Francis submitted that the panel may consider whether your consistent employment as a support worker over the previous 15 months demonstrated genuine remediation and rebuilding of trust, particularly regarding dishonesty, and whether your training and coping strategies had reduced the competency concerns identified previously.

Ms Le Bert-Francis acknowledged the evidence suggesting that the existing conditions had hindered your ability to secure a nursing role. She identified that key considerations for the panel may include your compliance with conditions, the quality of the evidence provided, your level and progression of insight, any steps you've taken to maintain skills and knowledge, whether there is evidence of safe practice since the last hearing and whether any remaining risk to patients persisted.

Ms Le Bert-Francis submitted it was ultimately a matter for the panel whether your current work, training and reflections were sufficient to show that you were no longer impaired. If the panel find impairment, she submitted that a conditions of practice order could still be appropriate and proportionate, provided any conditions were practical, achievable and supported you in obtaining a nursing role. Alternatively, it is open for the panel to consider a suspension or striking-off order.

The panel also had regard to Mr Shadenbury's submissions on your behalf. He submitted that although you have not practised as a nurse since February 2024 following two medication errors, you have continued to work as a health support worker since July 2024 while actively seeking employment as a registered nurse. He noted that you are aware that nearly two years have passed since you last worked as a nurse and that the substantive

order has now been in place for over three years. Despite this, he submitted that you have continued applying for nursing roles in care homes and remain motivated to demonstrate to a future panel that you can practise safely as a nurse.

Mr Shadenbury referred the panel to your latest reflective statement, which he submitted demonstrated insight into the original concerns. He submitted that you consistently engage and reflect on your past actions and the impact these may have had on colleagues and residents. He emphasised that you have provided reflective statements to previous panels to evidence your continued developing insight. He highlighted that your most recent reflective statement addressed your dishonest behaviour, your strategies in place for coping with day-to-day stress and ongoing learning in relation to nursing practice. Mr Shadenbury also referred the panel to your supervisor report that you are working within boundaries and ask for help when needed.

In relation to remediation, Mr Shadenbury submitted that despite not having had the opportunity to practice in the nursing profession, you have nevertheless completed several training courses and certificates aimed at maintaining your nursing skills and knowledge. Although he acknowledged these were limited because they related primarily to your role as a support worker rather than registered nursing practice, you are willing to engage and take the necessary steps to return to safe practice.

Mr Shadenbury accepted that there remained some ongoing risk because of the medication errors in February 2024. However, he submitted that those errors did not arise from a lack of competence, but rather from personal difficulties affecting you at the time. He accepted that an order remained necessary and invited the panel to consider a continuation of the current conditions of practice order for a further 12 months. He submitted that this would give you sufficient time to obtain employment as a nurse and demonstrate a sustained period of safe practice.

Mr Shadenbury accepted that the panel might be concerned that you had not yet made sufficient progress since the last review and might therefore consider strike-off. However, he submitted that, in light of the evidence and material you had provided, a strike-off order would be premature at this stage because you continue to seek nursing employment and remain committed to remediation within the framework of your current conditions.

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

In reaching its decision, the panel had regard to the NMC Guidance on '*Standard reviews of substantive orders before they expire*' (Reference: REV-2a, Last Updated 30/08/2024). It 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 last reviewing panel found that you had insufficient insight. At this hearing, the panel had regard to your written reflections and considered your insight to be developing, particularly regarding stress management and coping mechanisms. However, it noted that you did not directly address the panel and it had limited opportunity to explore your insight further or assess how your reflections translated into practical understanding. The panel determined that while there has been progress in terms of your insight, this remained incomplete.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account that you have undertaken training made available to you within your current role as a support worker in a residential care setting. The panel noted that you were up to date with mandatory training courses including nursing studies, patient care and hygiene, manual handling, thriving in adversity and resilience, medication administration and management, verification of death and first aid. However, the panel noted that whilst completing these courses demonstrated your efforts to return to safe practice, this training was not all relevant to the wide-ranging concerns identified at the substantive hearing.

The panel had regard to the information considered at the last review hearing. It noted that you have made two further medication errors in February 2024. The panel noted your previous explanations for the competency concerns that stress and personal pressures had affected your professional judgement and performance. Whilst the panel accepted that you had reflected on coping strategies and undertaken resilience training, it found there

was no evidence before it at this time demonstrating how you would apply those strategies safely in real clinical nursing situations.

The panel also determined that the concerns were not limited solely to medication administration and are wide-ranging. It noted that you have not worked as a registered nurse for almost two years and therefore have not been able to demonstrate safe nursing practice in a clinical environment. The panel considered that your current support worker role did not allow you to evidence the competencies required to address the original concerns found proved at the substantive hearing.

In light of this, the panel determined that you are still liable to repeat matters of the kind found proved. 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 that, in this case, 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.

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 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 imposing conditions of practice order on your registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel recognised that you have remained engaged with the NMC process throughout, your efforts in undertaking training and willingness to comply with any conditions imposed. The panel considered a variation in the conditions of practice order would support you in applying for nursing roles across a broader range of healthcare settings, including environments where more structured supervision and support would be available.

The panel was of the view that a varied conditions of practice order is sufficient to protect patients and the wider public interest. In this case, there are specific conditions that could be formulated which would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order or a striking-off order would not be a reasonable response in the circumstances of your case at this time. However, the panel considered that you have been subject to substantive orders for more than three years. Although you have made some progress during this time in developing your insight, you have made limited progress in demonstrating your competency in your nursing practice and how you will respond to stress and pressure. A further reviewing panel may consider that you unlikely to be able to demonstrate that you are fit to return to safe practice within a reasonable time period.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 12 months, which will come into effect on the expiry of the current order, namely at the end of 2 June 2026. It decided to impose the following varied conditions which it considered 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 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.**

2. *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.**

3. *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.**

4. *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 in which you are involved.*
 - c. *Any disciplinary proceedings taken against you*
5. *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.*
6. *You must limit your nursing practice to your field of nursing, Adult Nursing, with a single employer and not undertake bank or agency work.*
7. *You must ensure that you are supervised when you are working. This means working at all times on the same shift as, but not always directly observed by a registered nurse of Band 6 or above.*
8. *You must not prepare or administer medication unless supervised directly by your supervisor until you are signed off by your supervisor as competent to do so.*
9. *You must work with your supervisor to create a personal development plan (PDP). Your PDP must address the concerns about administration of medications, observations, record keeping, handover, and recognition of deteriorating health in your patients. You must:*
- a. *Send your case officer a copy of your PDP within a month of commencing employment.*
 - b. *Meet with a supervisor/mentor at least every two weeks to discuss your progress towards achieving the aims set out in your PDP.*

- c. *Send your case officer a report from your supervisor at a minimum of a month in advance of the next review hearing. This report must show your progress towards achieving the aims set out in your PDP.'*

The period of this order is for 12 months to give you time to secure a role and demonstrate your competencies in your clinical practice.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 2 June 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:

- Further training related to your clinical nursing practice, including any reading and research in relation to your current and recent practice.
- A reflective piece setting out how you would use strategies you put in place to respond to stress, providing examples from your practice.
- Hearing directly from you about the progress you've made.

This will be confirmed to you in writing.

That concludes this determination.