

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

**Substantive Order Review Hearing
Tuesday, 17 December 2024**

Virtual Hearing

Name of Registrant: Aji Asok

NMC PIN: 21K1363O

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing – November 2021

Relevant Location: Somerset

Type of case: Lack of competence

Panel members: Sarah Lowe (Chair, Lay member)
Dorothy Keates (Registrant member)
Julia Cutforth (Lay member)

Legal Assessor: Charlene Bernard

Hearings Coordinator: Zahra Khan

Nursing and Midwifery Council: Represented by Omar Soliman, Case Presenter

Mr Asok: Present and not represented at the hearing

Order being reviewed: Suspension order (12 months)

Fitness to practise: Impaired

Outcome: **Suspension order (12 months) to come into effect on 8 January 2025 in accordance with Article 30 (1)**

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

At the outset of the hearing, Mr Soliman, on behalf of the Nursing and Midwifery Council (NMC), made a request that this case be held partly in private on the basis that proper exploration of your case may involve reference to [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You supported the application to the extent that any reference to [PRIVATE] should be heard in private.

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 in connection with [PRIVATE] as and when such issues are raised in order to protect your privacy.

Decision and reasons on review of the substantive order

The panel decided to confirm the current suspension order.

This order will come into effect at the end of 8 January 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee on 7 December 2023.

The current order is due to expire at the end of 8 January 2025.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charge found proved which resulted in the imposition of the substantive order was as follows:

'That you, a registered nurse, between July 2021 and January 2022:

- 1. Failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision, as set out in, but not limited to, the incidents in Schedule 1:*

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

Schedule 1

- 1. On 8 September 2021, in respect of an unknown patient:*
 - a. Filled the patient's water jug with hot water*
 - b. Failed to answer the patient when questioned on your conduct at 1.a*
- 2. On 8 September 2021, during the lunchtime drug round:*
 - a. Took 1 hour 20 minutes to complete the round when it should have taken 45 minutes*
 - b. Failed to listen to patients*
 - c. Failed to identify an unknown patient's abdominal pains and/or need for laxatives*
 - d. Failed to turn on the nebuliser for an unknown patient*
 - e. Required prompting to sign for PRN paracetamol administered to an unknown patient*
- 3. On 4 October 2021, failed every section of your simulated OSCE exam,*
- 4. On 7 October 2021, in respect of Patient D:*
 - a. Failed to complete their IV fluid chart between 06:00 and 12:00*

- b. Failed to question their O2 levels*

- 5. On 26 October 2021, during the morning drug round, failed to:*
 - a. Communicate with patients*
 - b. Obtain consent from patients prior to prompting*
 - c. Wash your hands prior to administering medication*
 - d. Wear gloves when administering medication*
 - e. Refer to an unknown patient's diabetes drug chart*
 - f. Administer an unknown patient's insulin prior to prompting*
 - g. Complete observations when they were due*

- 6. On 5 November 2021, during the morning drug round:*
 - a. Failed to introduce yourself to patients prior to prompting*
 - b. Failed to sign an unknown patient's drug chart prior to prompting*
 - c. Attempted to halve medication with scissors and/or your bare hands*
 - d. Handled medication with your bare hands*

- 7. On 8 November 2021, failed to wear your surgical mask correctly*
- 8. On 9 November 2021, in respect of 1 or more unknown patients, helped said patient(s) off the toilet without first communicating with them*

- 9. On 15 November 2021:*
 - a. Failed to seek a doctor's advice in respect of an unknown diabetic patient's high temperature and/or low blood pressure*
 - b. In respect of an unknown patient with high blood pressure, failed to implement their doctor's plan for blood culture and ECG*
 - c. Failed to complete an unknown patient's admission paperwork after their arrival from the emergency department*

- 10. On 18 November 2021, failed to identify an unknown patient's deteriorating condition*

11. On 18/19 November 2021:

- a. *When asked to provide a list of morning tasks, only listed the required paperwork*
- b. *Began to give a “nil by mouth” patient oral medication*
- c. *Failed to identify the deterioration of an unknown patient with high blood monitoring*
- d. *When asked, failed to complete a list of required tasks*
- e. *Did not know why an unknown patient under your care was on IV antibiotics for a fracture*
- f. *Handed over that all pressure area care was intact when an unknown patient had a Grade 2 pressure sore*
- g. *Failed to notice an unknown patient’s nasal cannula was not in their nose*
- h. *Failed to recognise the importance for regular checks in respect of pressure area care and mobility*
- i. *Failed to ask an unknown patient about their pain*
- j. *Informed a colleague that an unknown patient was under supervision and frame for mobility when they were independent*

12. On 29 November 2021:

- a. *Had to be reminded about hand hygiene when administering medication,*
- b. *Failed to delegate tasks to health care assistants*
- c. *Failed to include all patients under your care in your handover*

13. On 30 November 2021, failed to ask patients about medication allergies,

14. On 13 December 2021:

- a. *Failed to complete any paperwork in the morning*
- b. *Failed to recognise the issue with not completing the morning paperwork*
- c. *Failed to communicate with patients*
- d. *Recorded observations against the incorrect patient*

15. On 13 December 2021, in respect of an unknown patient's fall, failed to:

- a. Document the fall in their handwritten bedside notes
- b. Take blood sugar and/or blood pressure recordings
- c. Record the doctor's plan
- d. Inform next of kin

16. On the night shift of 20 to 21 December 2021:

- a. Failed to answer call bells prior to prompting
- b. Recorded all documentation entries at 20:00
- c. Were unable to explain the plan for the day at handover
- d. In respect of Patient A, failed to:
 - i. Offer subcutaneous morphine
 - ii. Ask a doctor to prescribe IV paracetamol
 - iii. Remove the spigot from their nasogastric tube
- e. In respect of Patient B, failed to advise them to increase fluid intake following a low blood pressure reading
- f. In respect of Patient B and/or Patient C, failed to wean them off the catheter as per the handover notes from the previous day'.

The original panel determined the following with regard to impairment:

'The panel found limbs a-c of Grant are engaged. Patients were put at risk of harm as a result of Mr Asok's lack of competence and that he had breached the fundamental tenets of the nursing profession. Therefore, he brought the reputation of the nursing profession into disrepute.

The panel had regard to the case of Cohen and considered whether the lack of competence identified is capable of remediation, whether it has been remedied and whether there is a risk of repetition. The panel considered that the lack of competence issues are capable of being remedied but there is no evidence before the panel which demonstrates Mr Asok had remedied the concerns identified or that

he has taken steps to strengthen his practice. The panel noted that there is no evidence that Mr Asok has developed any insight into his failings.

Given the apparent lack of strengthening of his practice and absence of insight into his lack of competence, the panel was of the view that Mr Asok is liable, in future, to put patients at unwarranted risk of harm, to breach fundamental tenets of the profession and to bring the profession into disrepute.

The panel bore in mind that the overarching objectives of the NMC are: 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 therefore found that Mr Asok's fitness to practise is currently impaired on the grounds of public protection. In addition, it determined that public confidence in the nursing profession and in the NMC as the regulator would be undermined if a finding of impairment were not made.

Having regard to all the above, the panel was satisfied that Mr Asok's fitness to practise is currently impaired on the grounds of both public protection and also in the wider public interest'.

The original panel determined the following with regard to sanction:

'The panel took into account the following aggravating features:

- Lack of evidence of any insight into failings*
- Pattern of failings over a period of time*
- Significant number of wide ranging concerns*
- Issues continued to occur despite the extent of support, training and supervision given*
- Patients put at risk of harm*

The panel determined that there are no mitigating features.

The panel carefully considered the impact of cultural issues given that Mr Asok was an overseas educated nurse. However, the failings identified were not seen as linked to cultural issues, particularly as there has been evidence of support and training. In addition to this, the environment he was in had a number of other overseas educated nurses who did not have similar challenges. Therefore, the panel did not consider cultural issues as a mitigating feature.

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 Mr Asok's 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 Mr Asok's lack of competence 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 placing conditions of practice on Mr Asok's 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, but determined that conditions of practice would be inappropriate because of the following factors:

- Evidence of general incompetence;*
- No evidence of potential and willingness to respond positively to conditions;*
- No evidence of insight into the failings*

- *Patients may be put in danger either directly or indirectly as a result of any conditions; and*
- *Conditions cannot be created that are workable, measurable, and that can be monitored and assessed.*

The panel was of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case and considering the lack of engagement by Mr Asok. Further, there is no evidence that suggests that Mr Asok would cooperate with any conditions. The panel noted that Mr Asok had a substantial amount of support, training and supervision in place to get him to a safe level of practice, however, failings continued and there is no evidence to demonstrate that any conditions would avoid such an outcome.

Moreover, as this is a case where the only concern is lack of competence, the panel considered that there would be a risk to the patient safety if Mr Asok was allowed to continue to practise even with conditions.

Furthermore, the panel concluded that the placing of conditions on Mr Asok's registration would not adequately address the seriousness of this case and would not protect the public and address the wider public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel was concerned at how far Mr Asok's practise fell below the standard expected of a registered nurse.

Whilst the panel acknowledges that a suspension may have a punitive effect, it concluded that this is the only sanction which is appropriate and proportionate in this case.

The panel noted the hardship such an order will inevitably cause Mr Asok. However, this is outweighed by the public protection and public interest in this case.

The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standards required of a registered nurse.

The panel determined that a suspension order for a period of 12 months with a review was appropriate in this case to mark the seriousness of the lack of competence. Further, it would give Mr Asok adequate time to reflect on his failings, to strengthen his practice, and to gather evidence of remediation for a future panel.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- A reflective piece which addresses the impact of his failings on the patients, colleagues and the reputation of the wider profession*
- Any evidence of work in a health related roles*
- Testimonials from employers health related or otherwise*
- Evidence of any relevant training*
- Explain clearly his future intent in relation to nursing'.*

Submissions on current impairment

The panel 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 remain on the register without restriction. In

considering this case, the panel carried out a comprehensive review of the order in light of the current circumstances. Whilst it noted the decision of the last panel, this panel exercised its own judgement as to current impairment.

The panel had regard to all of the documentation before it, including the NMC bundle, and written representations from you. Your written representations were as follows:

- An undated reflective piece received by the NMC after 6 December 2024.
- An undated testimonial from one of your Occupational English Trainer (OET) students received by the NMC after 6 December 2024.
- Training certificates in the following areas:
 - 'Communicating Effectively through Open Disclosure' dated 13 April 2024.
 - 'Putting on and taking off PPE in acute healthcare settings' dated 15 April 2024.
 - 'Dignity at Work' dated 13 April 2024.
 - 'An Introduction to Children First' dated 9 April 2024.
 - 'AMRIC Standard and Transmission Based Precautions' dated 15 April 2024.
 - 'Safeguarding adults at risk of abuse' dated 13 April 2024.
 - 'Putting on and taking off PPE in community healthcare settings' dated 15 April 2024.
 - 'Cyber Security Awareness' dated 13 April 2024.
 - 'Medication Management' dated 5 December 2024.
 - 'AMRIC Aseptic Technique' dated 15 April 2024.
 - 'AMRIC Hand Hygiene' dated 15 April 2024.
 - 'COVID-19 Infection Prevention and Control' dated 15 April 2024.
 - 'AMRIC Basics of Infection Prevention and Control' dated 13 April 2024.
 - 'Basic Life Support' dated 30 April 2024.

The panel took account of the submissions made by Mr Soliman. He submitted that you have now provided some evidence to demonstrate limited insight, namely a reflective piece, a single testimonial, relevant training and various certificates, and your intention in relation to your future nursing plans.

Mr Soliman submitted that the panel does not have evidence of your addressing the impact of your actions on patients, colleagues, or the wider nursing profession except for one sentence in your reflective piece: *'I have failed to communicate effectively with patients thus caused some errors'*.

Mr Soliman submitted that you have not provided a sufficient level of reflection to demonstrate remediation. He submitted that you have demonstrated limited understanding and reflection as to the risk of possible harm to patients. With regard to strengthening your practice, Mr Soliman submitted that this panel has been provided with evidence of various training certificates from you. He submitted that whilst some of the training is relevant to the allegations, not all of them are.

Mr Soliman informed the panel that, in April 2024, you attempted to move to Ireland as [PRIVATE]. He further told the panel that you undertook Basic Life Support (BLS) training in person and in Ireland, and that all of the other training was undertaken online.

Considering the volume of training undertaken, Mr Soliman submitted that the one sentence of genuine reflection in your reflective piece does not demonstrate that the allegations have been addressed. He submitted that there are no testimonials received from employers but that instead the panel is in receipt of a single testimonial from one of your OET students. Mr Soliman submitted that the NMC questions how much weight to place on this testimonial as it is undated, from a student not employer, and does not comment on your skills as a nurse. He also submitted that the handwriting is similar to the reflective piece you have provided yourself.

Mr Soliman accepted that you have engaged to some extent with the NMC. However, he submitted that the evidence that you have provided is not sufficient. He submitted that there is no evidence of relevant training that directly addresses the regulatory concerns and the lessons learned from that training, nor is there any evidence before the panel to demonstrate that you have sufficiently strengthened your nursing practice since the suspension order was put in place.

Mr Soliman submitted that you remain liable to repeat matters of the kind found proved and therefore there remains a risk of harm to the public. He submitted that a finding of

continuing impairment remains necessary on both grounds of public protection and public interest.

The panel also took account of the submissions made by you. You stated that you currently work as an Occupational English Trainer at the International English Language Testing System (IELTS) academy for nurses. You have also completed some training, including infection control, and medication.

You submitted that you have made mistakes but that you were told that no harm was caused to patients. You accepted that there were communication errors. You said that you are not currently working as a nurse in India, so you have done little training in this respect.

You told the panel that you are currently in India [PRIVATE], you completed BLS training in Ireland on 30 April 2024. You also told the panel that you have a visa to move to Ireland. In terms of your future plans, you told the panel that you wish to return to nursing and to relocate to Ireland.

In response to the panel, you confirmed that you undertook training for four years to obtain a Bachelor of Nursing degree followed by working for three and a half years as an Adult Nurse in India. In relation to why allegations were brought against you, you submitted that there were communication issues. [PRIVATE].

In response to the panel question as to what you would do differently in the future following the training you have undertaken, you submitted that you would do your best to check the medication correctly and communicate and listen effectively to patients to rectify their doubts.

You told the panel that if your practise was unrestricted you would work in a nursing home, not a hospital, which would be less busy. You confirmed that the testimonial before the panel was from a student.

Decision and reasons on current impairment

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 original panel found that you lacked insight into your lack of competence. At this hearing, today's panel had regard to your reflective piece and oral submissions. It determined that your insight into your actions is limited as you have not yet demonstrated a full understanding of how your actions put patients at risk of harm nor have you demonstrated an understanding of why what you did was wrong and how this impacted negatively on colleagues and the reputation of the nursing profession.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the various training certificates that you provided. It also took account of your reflective piece.

The original panel determined that you were liable to repeat matters of the kind found proved. Today's panel determined that you have not sought an opportunity to demonstrate any skills as you have not been working in a health-related role (which can be paid or unpaid via voluntary work). Further, the panel noted that your testimonial is not dated or signed and is not from an employer that can comment on your skills, improvement, or competency. In relation to the training that you have undertaken, the panel noted that it does not appear to be directly linked to all of the allegations, albeit it acknowledged that there is an element of overlap.

The panel was mindful of your future plans to return to nursing. However, your lack of full insight and remediation raised concerns in relation to you working without restrictions in place.

In light of the above information, today's 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 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 your fitness to practise remains impaired.

Submissions on sanction

Mr Soliman submitted that a suspension order is the appropriate and proportionate sanction which would continue to both protect the public and satisfy the wider public interest.

Mr Soliman submitted that the following aggravating features are engaged:

- Limited insight into failings.
- A pattern of failings over a period of time.
- A significant number of wide-ranging concerns.
- Issues continuing to occur despite the extent of support, training, and supervision that was given and that the patients.
- Patients were put at a real risk of harm.

Mr Soliman submitted that there appears to be very little by way of mitigating features in this case. He submitted that the previous panel had considered the impact of cultural issues. Notwithstanding that you were an overseas educated nurse, the failings identified were not seen as linked to cultural issues, particularly as there has been evidence of support and training whilst you were in your position. In addition to this, he submitted that the environment that you were in had several other overseas educated nurses who did not have similar challenges. Therefore, Mr Soliman submitted that the NMC do not consider cultural issues as a mitigating feature in this case.

Mr Soliman submitted that it would be neither proportionate nor in the public interest to take no further action. He submitted that, due to the seriousness of the case and the public protection and public interest concerns identified, an order that does not restrict your practise would not be appropriate in the circumstances.

Mr Soliman submitted 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. He submitted that your lack of competence was not at the lower end of the spectrum and that a caution order would not be appropriate in view of the issues identified.

With regards to a conditions of practice order, Mr Soliman submitted that, whilst there has been some limited engagement and some limited insight, there is no further evidence to suggest that you would cooperate with any conditions. He submitted that you have had a substantial amount of support, training, and supervision in place to get you to a safe level of practise. However, he submitted that failings continued and there is no evidence to demonstrate that any conditions would avoid such an outcome. Further, he submitted that this is a case where the only concern is lack of competence and that there would be a risk to patient safety if you were allowed to continue to practise even with conditions in place.

With regards to a suspension order, Mr Soliman submitted that this is a case where there has been no evidence of harmful, deep seated personality or attitudinal problems, and where the only issue is related to the nurse's lack of competence. He therefore submitted that the appropriate and proportionate order would be a further suspension order for a period of 12 months to allow you the opportunity to provide some of the suggested evidence which would allow you to continue engaging with the NMC, demonstrate sufficient insight and understanding, and make tangible progress towards being fit to practise.

You submitted that you have undertaken extensive training to become competent and are happy to complete more training. Without working as a nurse, you submitted that you cannot undertake further practical training except for what you have already done, namely the BLS training completed in Ireland on 30 April 2024. You further submitted that your communication has become more effective.

You invited the panel to revoke your suspension order so that you can work in Ireland as a nurse.

Decision and reasons on sanction

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

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.

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 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 lack of competence was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable, and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns

relating to your lack of competence given your lack of full insight and remediation and evidence of strengthened practice.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow you further time to fully reflect on your previous failings. It considered that you still need to gain a full understanding of how your actions presented, and could continue to present, a risk to patient safety and impacted upon colleagues and the reputation of the nursing profession as a whole. The panel concluded that a further 12-month suspension order would be the appropriate and proportionate order and would afford you adequate time to further develop your insight and take steps to strengthen your practice via paid or unpaid voluntary work e.g. as a healthcare assistant. It would also give you an opportunity to approach past and current health professionals (via paid or unpaid roles) to attest to your skills and development in your workplace assignments since the substantive hearing.

The panel therefore determined 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 12 months which would also provide you with an opportunity to continue engaging with the NMC, provide evidence of strengthened practice, and develop your insight and remediation. It considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 8 January 2025 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- A reflective piece which demonstrates an understanding of the impact of your failings on patients, colleagues, and the reputation of the wider nursing profession.

- Any evidence of work (paid or unpaid) in a health-related setting.
- Testimonials from employers, health related or otherwise.
- Evidence of any further relevant training to address the concerns raised and how this learning would be applied in the everyday work as a nurse.
- A clear explanation as to your future intent in relation to nursing.

This will be confirmed to you in writing.

That concludes this determination.