

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

**Substantive Order Review Hearing
Tuesday 26 August 2025**

Virtual Hearing

Name of Registrant:	Bernard Anthony McGrail	
NMC PIN:	84Y0467E	
Part(s) of the register:	RN1 Adult nurse (Level 1) 13 July 1987 RN3 Mental Health Nurse (Level 1) 27 July 1990	
Relevant Location:	Armagh City, Banbridge and Craigavon	
Type of case:	Misconduct	
Panel members:	Serene Rollins Wendy Hope Karen Naya	(Chair, lay member) (Registrant member) (Lay member)
Legal Assessor:	Paul Hester	
Hearings Coordinator:	Eric Dulle	
Nursing and Midwifery Council:	Represented by Jamie Perriam, Case Presenter	
Mr McGrail:	Present and unrepresented	
Order being reviewed:	Suspension order (4 months)	
Fitness to practice:	Impaired	
Outcome:	Conditions of practice order (18 months) under Article 30(1)	

Decision and reasons for hearing to be held in private

During the hearing, the panel of its own volition considered whether to hear parts of this hearing in private pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practice) Rules 2004', as amended (the Rules), on the basis that proper exploration of your case may involve references to [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 [PRIVATE].

Decision and reasons on review of the substantive order

The panel decided to make a conditions of practice order for 18 months.

This order will come into effect at the end of 3 October 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 4 months by a Fitness to Practice Committee panel on 2 May 2025.

The current order is due to expire at the end of 3 October 2025.

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 or around 27 July 2021:*

- a) failed to appropriately manage Resident A's pain*
- b) failed to investigate whether Resident A's syringe driver was working correctly*
- c) failed to escalate that the alarm on Resident A's syringe driver sounded repeatedly.*

2) *Without clinical justification, administered a 5mg dose of Apixiban to Resident B on:*

- a) 9 October 2020*
- b) 11 October 2020*
- c) 12 October 2020*

3) *One on more occasions between April 2020 - 24 May 2022 failed to administer and/or record the administration of medication, as set out in schedule 1.*

4) *Having accepted undertakings, which came into effect on 19 March 2024, failed to comply with those undertakings, in that you:*

- a) did not restrict your nursing practice to one substantive employer*
- b) did not disclose the undertakings to your employer Tilery Care Home*
- c) administered medication unsupervised on one or more occasions between 27 and 29 March 2024*

5) *Your actions at any or all of charge 4 were dishonest in that you sought to conceal your undertakings from your employers, Tilery Care Home.*

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

Schedule 1

- a) Resident C Levothyroxine*

- b) Resident D Levothyroxine
- c) Resident E Levothyroxine
- d) Resident F Levothyroxine
- e) Resident G Levothyroxine
- f) Resident H Apixaban [sic]

The original panel determined the following with regard to impairment:

'The panel acknowledged the fact that you were experiencing [PRIVATE] at the time of the undertakings. It further noted that you have presented references to support your character, but these are historical, not from employers within recent years, and do not touch on the misconduct raised in this particular case.

The panel finds that patients were put at risk of [PRIVATE] as a result of your misconduct. Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel considered that you have been apologetic and acknowledged how wrong your actions were. You have engaged with this NMC process and been commended by the NMC for doing so; you have been unrepresented throughout this process. Further, you acknowledged that your actions were 'serious' and consistently stated that you would not repeat the misconduct at hand. The panel acknowledged your reflective pieces but determined that these did not consider your misconduct in depth.

The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. The panel took into account the fact that you have not addressed your misconduct through retraining or education due to the [PRIVATE]. The panel determined, however, that there are reading materials and methods of learning which do not require [PRIVATE]. Consequently, the panel were of the view that you have failed to evidence a sufficient level of remediation.

It noted that you wish to return to work in order to 'prove' yourself, and noted your good intentions, however, it was of the view that you have not actively progressed in your practice since the charges arose. Consequently, your fitness to practice level has remained at the level that it was in 2021.

The panel is of the view that there is a risk of repetition based on the fact that your misconduct was not a single isolated incident, but rather your medication management and patient care errors were repeated. You have not managed to provide evidence of re-education relating to your failures. Ultimately, you failed to prioritise people, you did not act effectively, and you also did not preserve safety for your patients or for the Trust in which you worked.

The panel therefore decided that you have breached the fundamental tenets of the nursing profession, and that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that 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 because a member of the public would expect a registered nurse facing allegations of such misconduct to have their practice found impaired.

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 finds your fitness to practice impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practice is currently impaired.'

The original panel determined the following with regard to sanction:

'Having found your fitness to practice currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- 1) The conduct found proved is serious and relates to the fundamentals of nursing, in particular, in providing compassionate care and administering medication safely;*
- 2) Your misconduct was repeated;*
- 3) Your behaviour caused emotional distress to Resident A's family;*
- 4) There was a real risk of harm to Resident A through the inadequate management of their pain on their last evening;*
- 5) You have presented little to no remediation, [PRIVATE]*
- 6) You have presented a lack of insight.*

The panel also took into account the following mitigating features:

- 1) You have consistently engaged with this process;*
- 2) You admitted the allegations and agreed to a statement of facts;*
- 3) You have consistently apologised for your shortcomings;*
- 4) At the time, in respect of the undertakings matter, you were experiencing personal difficulties involving your [PRIVATE]*

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 practice 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 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, in particular:

- 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 is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not protect the public. The panel also took into consideration the fact that you did not adequately comply with the interim conditions of practice order which was previously placed on your practice. Thus, there is a risk of repetition in that you may, once again, fail to comply with conditions if they were once again placed on your practice during this substantive hearing.

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:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practice even with conditions; and*
- *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 practice even with conditions.*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register.

The panel went on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the [PRIVATE] such an order will inevitably cause you. However, this is outweighed by the 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 standard of behaviour required of a registered nurse.

The panel determined that a suspension order for a period of four months was appropriate in this case to mark the seriousness of the misconduct.

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:

- *Evidence of any training courses you have attended in relation to your failings;*
- *Continued engagement with the NMC;*
- *Any [PRIVATE] you have and are willing to provide to the panel.'*

The panel has considered carefully whether your fitness to practice remains impaired. Whilst there is no statutory definition of fitness to practice, the NMC has defined fitness to practice as a registrant's ability to practice kindly, safely 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, your reflection, and the paperwork relating to the training courses. It has taken account of the submissions made by Mr Perriam, on behalf of the Nursing Midwifery Council (NMC), and your sworn evidence during the hearing.

Mr Perriam submitted that your fitness to practice is currently impaired, and that a finding of impairment is necessary on public interest and public protection grounds.

Mr Perriam acknowledged that your reflections and the courses you have taken demonstrate your improved insight and strengthened practice.

Mr Perriam further submitted that notwithstanding the attempts you have made to remediate your practice, there is still a risk of repetition. He submitted that out of the three courses you have taken, only one of these courses is directly relevant to your previous misconduct. As such, Mr Perriam submitted that while there is evidence of some strengthened practice, it is not sufficient to remediate the risk of repetition.

Mr Perriam therefore invited the panel to replace the current suspension order with a 12-month conditions of practice order.

You gave sworn evidence under oath.

You told the panel that you are determined to get back to work. You indicated that you take full responsibility for your actions, and do not know how you let your actions fall so far. You apologised to the family and to anyone you have harmed.

You stated that you have done your best to complete courses online that you are able to afford. However, you indicated that many of these [PRIVATE]. You indicated that you would complete as many courses as possible and do anything that needs to be done to strengthen your practice and return to work unrestricted.

You also indicated that you have spoken to potential employers and would be able to obtain employment right away if you were able to practice without conditions. However, you stated that it would be difficult for you to obtain employment with conditions of practice, and that conditions would therefore be particularly onerous. You told the panel that you are otherwise unable to obtain employment in other fields or in non-registered areas such as health care assistant work.

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 practice remains impaired.

The panel found that you have developed some insight into your misconduct. In so doing, the panel considered both your oral evidence during the hearing, as well as your written reflection. Whilst considering your oral evidence, the panel noted that you have recognised the effect that your conduct has had on the patient and their family. However, while the panel welcomed your reflective piece, it panel noted that it was similar to your previous reflection and added little by way of developed insight.

You told the panel you have engaged in training; however, you have not told it how this would change your practice in the future. It also found that you are clearly remorseful for your conduct and have expressed a strong desire to return to practice safely and effectively.

Notwithstanding the above, it found that the steps you have taken are insufficient in that they do not fully remove the risk to the public and do not demonstrate fully the

strengthening of your practice. In particular, the panel found that only one of the four courses you have completed are relevant to the particular charges against you. As such, while some steps have been taken to alleviate the concerns regarding your practice, there is still a real risk of repetition.

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

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.

Decision and reasons on sanction

Having found your fitness to practice 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 practice 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 considered imposing a conditions of practice order. There has been evidence produced to show that you have developed some insight, demonstrated remorse, and provided evidence of the steps taken to strengthen your practice. You have indicated that you wish to return to nursing.

The panel was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to your unrestricted return to practice and would serve to protect the public and the reputation of the profession in the meantime.

The panel therefore decided that the public would be suitably protected as would the reputation of the profession by the implementation of the following conditions of practice:

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 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
3. 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.
4. You will send the NMC a report seven days in advance of the next NMC hearing or meeting from your mentor or supervisor.
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 ensure that you are directly supervised by another Band 5 or Band 6 Nurse any time you are working. Your supervision must also consist of:
- a) Supervision in the administration of medicines; and
 - b) You must not be the senior nurse on duty in any setting.
7. You must keep a personal development log every time you undertake appropriate continuing professional development, and your continuing professional development must include an appropriate medicine management course. The log must:
- a) Contain the dates that you these carried out;
 - b) Be signed by yourself each time; and
 - c) Demonstrate reflective practice in the form of written reflections.
- You must send your case officer a copy of the log.
8. You must engage with your supervisor on a frequent basis to ensure that you are making progress towards aims set in your personal development plan (PDP), which include:

- a) Meeting with your supervisor at least every 12 weeks to discuss your progress towards achieving the aims set out in your PDP.

The period of this order is for 18 months.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 3 October 2025 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see whether 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.

This will be confirmed to you in writing.

That concludes this determination.