

**BEFORE THE PROFESSIONAL CONDUCT COMMITTEE OF THE
ROYAL COLLEGE OF VETERINARY SURGEONS**

RCVS

V

MS EMMA EVANS MRCVS

DECISION OF THE DISCIPLINARY COMMITTEE

1. Dr Evans appeared before the Disciplinary Committee (“the Committee”) to answer the following Charge (as amended):

THAT, being registered in the Register of Veterinary Surgeons and whilst in practice at Medivet Sutton Farm, Unit 5, Maxfield Drive, Oteley Road, Shrewsbury, SY2 6QZ (“the practice”):

1. In around November 2022, in relation to Fluconazole 200mg, a prescription-only medicine, you:

- a. caused and/or allowed a Veterinary Nurse colleague, Miss JC RVN, to order the said Fluconazole from a practice supplier, when the said Fluconazole was intended for human use; and/or
- b. made an entry relating to the said Fluconazole on the clinical history of a cat named “Cat B” belonging to Miss JC RVN, when the medicine was intended for human use;

2. On or around 23 May 2023, in relation to blood tests for a cat named “Cat A” which failed to produce any meaningful results when run on a blood analyser machine, you:

- a. recorded on a form headed “Vetscan test results” details purporting to be the results of the said blood tests for Cat A when no such results had been obtained; and/or

- b. entered notes in Cat A's clinical history which indicated that there had been a meaningful result of the said blood test results when there had not been any such meaningful result; and/or
- c. indicated to Cat A's owner that there had been a meaningful result of the said blood tests when there had not been any such meaningful result and/or failed to inform Cat A's owner that the said blood tests had not produced any meaningful results;

3. Your conduct in relation to 1(b), 2(a), 2(b) and/or 2(c) above was:

- a. dishonest; and/or
- b. misleading;

AND that in relation to the matters set out above, whether individually or in any combination, you are guilty of disgraceful conduct in a professional respect.

Preliminary matters

Part of the hearing to be in private

2. At the outset of the hearing the Chair indicated that, at the Case Management Conference on 9 December 2024, it had been raised that there would be matters referred to during this hearing that related to Dr Evans' health and personal matters and that these ought to be dealt with in private. The College supported this approach. The Committee agreed and therefore all references to Dr Evans' health and personal family matters would be heard in private in order to protect her privacy. All other matters would be heard in public in the usual way. This means that there will be two determinations produced, one for general public consumption and the other marked private.

Admissions

3. On behalf of Dr Evans, Miss Malhotra indicated that all the alleged facts were admitted. With regards to 1(a), Miss Malhotra indicated that this was admitted on the basis that Dr Evans allowed, rather than caused, a Veterinary Nurse colleague, Miss JC RVN, to order the said Fluconazole from a practice supplier, when the said Fluconazole was intended for human use. Furthermore, in relation to allegation 2(c), Miss Malhotra indicated that this was admitted on the basis that Dr Evans failed to inform Cat A's owner that the said blood tests had not produced any meaningful results, rather than that she had indicated to Cat A's owner that there had been a

meaningful result of the said blood tests when there had not been any such meaningful result. Miss Curtis, on behalf of the College, indicated that the admissions on this basis were acceptable to the College.

4. Accordingly, the Committee found all the facts proved on the basis of the admissions made and dispensed with the need for the College to call any evidence on the facts, in accordance with Rule 23(5) of the Veterinary Surgeons and Veterinary Practitioners (Disciplinary Committee) (Procedure and Evidence) Rules Order of Council 2004.

Application to amend the charge

5. During her opening submissions, Miss Curtis suggested that it might be appropriate to anonymise the cat referred to in charge 1, since naming the cat might lead to the nurse concerned being identified. Miss Malhotra did not oppose such a change and the Committee agreed that such anonymisation would be appropriate. No injustice would be caused and it would protect the privacy of the nurse concerned. Accordingly the cat in charge 1 would henceforth be referred to as Cat B.

Background

6. At the time of the matters set out in the allegations, Dr Evans was Branch Partner and Lead Veterinary Surgeon at Medivet Sutton Farm in Shrewsbury ("the Practice"), a small first opinion practice.
7. The charges against Dr Evans relate to allowing a Veterinary Nurse at the Practice to order a Prescription Only Medicine ("POM") from a Practice supplier, when she knew the POM was intended for human rather than veterinary use, and dishonestly making an entry in an animal's clinical record for that POM. She is also charged with dishonestly falsifying a blood test result sheet for a cat, to make it appear that the test had produced meaningful results when it had not, dishonestly making false notes in the cat's clinical records about the test results, and being dishonest to the cat's owner about the results.
8. On 26 August 2023, Dr Evans reported herself to the College, following an internal investigation by Medivet management, which resulted in her being told she needed to report herself to her Regulator. The report related to the two issues now reflected in the charges, which the Practice had investigated in June and July 2023. Dr Evans completed a Concerns Form containing details of the incidents. No disciplinary action was taken by Medivet.

9. The first matter disclosed by Dr Evans related to an incident in November 2022, now reflected in Charge 1. Dr Evans completed the complaint form to say that she had allowed a registered Veterinary Nurse at the practice, Miss C, to order Fluconazole through the Practice to be used for [REDACTED]. In her self-report to the College, Dr Evans stated that she had not known at the time that this was illegal. Fluconazole is a POM used to treat candidiasis (fungal infections). It may only be given to a human in accordance with a prescription from an authorised practitioner – such as a medical doctor: Dr Evans was not so authorised. In her Concerns Form, Dr Evans stated that her colleague, Miss C, [REDACTED], Cat B, and that an attempt to deal with it [REDACTED] had not worked. In the box on the Concerns Form seeking a response to the question, “*What particularly concerned you?*” Dr Evans wrote, “*illegal drug prescription (without knowledge of illegal status).*”
10. The second incident took place on 23 May 2023 and related to an incident with a cat, referred to as Cat A, and reflected in Charge 2. Dr Evans stated that she had taken blood samples from Cat A, but, when she had tried to test them, they had ‘failed to run’. She said that instead of telling the owner that the test had not run successfully and asking her to bring her cat back to the Practice to try again, she was “*dishonest and created some results for [Cat A] based on results previously obtained.*” Dr Evans said she had explained things in full to the client, apologised and refunded the charges. In the box on the Concerns Form asking, “*What specifically concerned you?*” she wrote, “*dishonesty*”.
11. On 25 September 2023, the College wrote to Dr Evans asking for further details about the matters raised in the Concerns Form. She replied, stating, in relation to the prescription of Fluconazole:

“Miss C showed me some photographs of lesions [Cat B] was exhibiting, which were suggestive of dermatophytosis. Miss C informed me [Cat B] was not easily transported, or examinable and therefore I discussed with her possible therapeutic options for her. Miss C opted to obtain antifungal topical treatment from an over-the-counter pharmacist for [Cat B].

Some weeks later, Miss C [REDACTED]. She informed me she had been [REDACTED]. She asked me if she could order Fluconazole via a human/veterinary wholesaler, “Veenak.” I allowed her to order the medication that she wished.

I would like to state several points by way of clarification:

- 1. I did not know this was illegal at the time (this in no way excuses my actions).*
- 2. I did not tell Miss C what to order, nor did I recommend a dose.*
- 3. I did allocate a charge on the computer for this under my name, as there was not a prelisted fee on our medications list.*
- 4. Miss C has now stated that [REDACTED] for this medication, but I believe this to be after she ordered the medication. I have not seen this [REDACTED].”*

12. In relation to the blood tests, Dr Evans stated:

“In the event of not being able to obtain blood samples from a patient immediately, I would offer the client to either consider trying a different day, to obtain that sample; or to admit their pet so we could have subsequent attempts to obtain the sample.

However, since I had obtained blood, which I thought was a satisfactory volume, I sent [Cat A] home with [Cat A's owner] with the plan to run the sample, obtain results and telephone call her later with those results to discuss them. [Cat A's] blood sample did not run, and the results were null and void.

However, due to this, and many other factors of increasing unrelenting pressure, burnout and fatigue, contributing to extreme mental health issues, I breached the RCVS code of professional conduct. I was terrified of the disappointment and failure that I believed in, at the time, and to avoid this I created the results to appease the situation.”

13. Prior to Dr Evans' self-report to the College, in June 2023, another Veterinary Surgeon at the Practice had raised concerns with Medivet management in relation to the two issues. As a result of the concerns, Dr Natalie Walters MRCVS, a Divisional Veterinary Director for the relevant area, undertook an investigation. This involved looking at documents and interviewing various people.

14. On 4 July 2023, as part of her investigation, Dr Walters met with and interviewed Dr Evans. During the meeting, Dr Walters raised the matter of Cat A's blood tests. She first asked if Dr Evans had ever experienced any issues with getting a blood sample, and if so, how she would approach it. Dr Evans replied that it did not happen very often, but that if it did, she would have a chat with the owner and suggest that the pet came back in and be given a sedative, in order to get more blood. Dr Walters asked if she had ever been unable to get blood test results because of an insufficient sample volume. Dr Evans said that she had, but that she would call the owner. Dr Walters asked Dr Evans if she had added test results to a file when there had been an error. Dr Evans replied, *“so faked results, no”*.

15. Dr Walters then asked Dr Evans to tell her about Cat A. Dr Evans said that Cat A was difficult to take blood from, had previously experienced raised kidney values, and was now diabetic. When asked whether she remembered taking a sample from Cat A on 23 May 2023, Dr Evans said she did not.

16. Dr Walters explained to Dr Evans that there was an accusation that she had taken an insufficient blood sample, run the test which showed an error, and then added test results to the file that were not Cat A's results. Dr Evans said, *“I don't know what to say, I don't remember taking a sample on that day, he has been in for multiple blood tests. He is difficult.”* However, about fifteen

minutes after the meeting had concluded Dr Evans came back into the room and said, *“you’ll want to take notes on this again.”*

17. Dr Evans then said *“[Cat A] is the only one that I have added stuff to. I was under a lot of strain and put some notes from the owner”*. Dr Walters asked what happened and Dr Evans replied with words to the effect, *“I didn’t get enough blood, was frustrated and upset and feeling bad and for some reason that particular day was bad, rather than saying to that owner that I had failed, I had put some blood results on. That’s the only one.”* Dr Walters asked if the results on the file were made up, and Dr Evans confirmed that they were.
18. Dr Walters also asked what she had told Cat A’s owner, and Dr Evans said that she had said to the owner that, based on the health check and the cat’s weight, she was happy. Dr Walters said, *“so you didn’t have any conversation with the owner about the lack of blood you had got?”* Dr Evans replied, *“I shouldn’t have done that, and I recognise that now.”*
19. As noted above, during the main part of the meeting, Dr Walters also spoke to Dr Evans about the prescription of Fluconazole recorded on Cat B’s records. When asked why this had been prescribed for Cat B, Dr Evans replied that it had not, but that instead it had been prescribed for her colleague, Miss C. Dr Walters asked if she was aware that the Fluconazole was for Miss C, and she said *“yes, I hold my hands up and I know it’s not right, I was trying to be kind.”*
20. Dr Walters completed an investigation report, which was sent to Dr John Beel MRCVS, Clinical Services Director at Medivet. As a result, Dr Beel arranged to speak to Dr Evans to discuss the concerns and to discuss reporting them to the College, as well as next steps. They met on 12 July 2023. Dr Beel reports that Dr Evans was very upset during the meeting. She admitted falsifying the blood test results and ordering the medication for Miss C. She said that she could not give an explanation as to why she had done so, but had been trying to help people out.
21. Dr Beel told Dr Evans that she needed to report herself to the College. He discussed the matter with colleagues and they decided that she could remain working at the Practice, with support. On 24 August 2023, Dr Beel again met with Dr Evans. He explained that they (the Practice) would need to report the issue to the College, but would give her time to do so first, which is what she went on to do.

Determination on the Facts

22. As indicated above, the Committee found all the facts alleged proved on the basis of the admissions made by Dr Evans.

Disgraceful Conduct in a Professional Respect

23. The Committee considered with care the submissions made by the parties, together with all the evidence in the case pertinent to the facts admitted and found proved. On behalf of Dr Evans, Miss Malhotra indicated that Dr Evans accepted her conduct passed the relevant threshold. The Committee took this acceptance into account, but was cognisant of the fact that the question of disgraceful conduct in a professional respect was very much a matter for its own judgment and that there was no burden or standard of proof that applied. The Committee accepted the advice of the Legal Assessor and took into account the Code of Professional Conduct for Veterinary Surgeons, together with its Supporting Guidance.

24. The Committee found there to be the following aggravating factors related to the proved facts:

- risk to human health by allowing the POM to be ordered in the knowledge that it was being done for personal human use, rather than for an animal;
- abuse of professional position;
- breach of client trust;
- potential adverse impact on the welfare of Cat A by falsifying records indicating blood test result were normal when they may not have been;
- potential adverse impact on the welfare of Cat B by recording a prescription of Fluconazole that the cat had not in fact been prescribed.

25. The Committee did not identify any mitigating factors, related to the proved facts.

26. The Committee found Dr Evans had breached the following parts of the Code and Guidance:

- 1.1 *Veterinary Surgeons must make animal health and welfare their first consideration when attending to animals.*
- 1.5 *Veterinary Surgeons who supply and administer medicines must do so responsibly.*
- 2.1 *Veterinary Surgeons must be open and honest with clients.*
- 2.5 *Veterinary Surgeons must keep clear, accurate and detailed clinical and client records.*

6.1 *Veterinary Surgeons must seek to ensure the protection of public health and animal health and welfare.*

6.5 *Veterinary Surgeons must not engage in any activity or behaviour that would be likely to bring the profession into disrepute or undermine public confidence in the profession.*

27. With regards to dishonesty, the Code provides that one of the five key principles that must be maintained by registrants is “*honesty and integrity*”.

28. On two separate and distinct occasions, Dr Evans made very poor decisions and then acted dishonestly in an attempt to cover up her actions. In the first, in November 2022, she allowed a colleague to order a POM in the knowledge that it was for human, rather than animal use. She then made a dishonest entry in the clinical record of a cat belonging to the colleague, indicating that the POM was for the cat, when she knew it had been obtained for human use. Dr Evans stated that she did not realise at the time that this was illegal and said she did not tell Miss C what to order, nor did she recommend a dose. She acknowledged, however, that this in no way excused her actions. In the Committee’s view, this irresponsible approach to a POM risked human health, potentially compromised an animal’s (Cat B’s) welfare, since the clinical record suggested the cat had been given Fluconazole when it had not, constituted an abuse of the trust placed in her as a registered Veterinary Surgeon and was in breach of legal provisions designed to safeguard human health.

29. The rationale for categorising medicines as POMs is to ensure that they are supplied safely and appropriately by an authorised practitioner, taking into account relevant symptoms and any contra-indications and potential side-effects. By allowing a colleague to obtain the Fluconazole, Dr Evans risked an adverse effect on the health of that colleague. This colleague’s condition was not being assessed and dealt with appropriately by a medical doctor, who could take a full history and make a professional diagnosis before prescribing, with a view to ensuring that there were no contra-indications for the individual in question. Such behaviour falls far below the standard expected of a registered Veterinary Surgeon, undermines public confidence in the profession and would be considered deplorable by colleagues and the public alike. The Committee was thus satisfied that charge 1 on its own amounts to disgraceful conduct in a professional respect.

30. In the second instance, some six months later, Dr Evans took a blood sample from Cat A, but the sample was insufficient to carry out the necessary tests. Instead of notifying the owner that this was the case and that a further blood sample would need to be taken, Dr Evans dishonestly fabricated the test results to make it look as though there had been a result from the sample

taken. She went further and dishonestly entered notes in Cat A's clinical history which indicated that there had been a meaningful result of the said blood test results when there had not been. Finally, although she spoke to the Owner of Cat A, Dr Evans dishonestly failed to inform Cat her that the said blood tests had not produced any meaningful results. Her admitted actions were not only dishonest, but also misleading, since anyone looking at the records would assume they were accurate. There was a clear risk to Cat A as a result of Dr Evan's conduct, on the basis that the cat was not subject to the blood tests which had been required on the day in question. There would have been no way of knowing if there were any irregularities or concerns that might have been identified if Dr Evans had been open about what had happened and the cat brought in for the tests to be undertaken again. In addition, there was a risk that any subsequent treating Veterinary Surgeon might be misled by an apparently clear set of tests in May 2022, and the treatment plan for the cat thereby adversely affected.

31. Acting dishonestly runs contrary to one of the most fundamental principles of the profession. The public need to know that they can rely on the honesty and integrity of the people to whom they entrust the care and welfare of their animals. Further, Dr Evans conduct in both incidents had the potential to undermine public confidence in the profession of veterinary surgery and bring the profession into disrepute. In all the circumstances, the Committee was satisfied that Dr Evans' behaviour as reflected in charge 2 fell far short of the standard expected of a Veterinary Surgeon and amounted to disgraceful conduct.
32. Accordingly, the Committee found proved the allegation that Dr Evans was guilty of disgraceful conduct in a professional respect.

The Committee's Determination on Sanction

33. In reaching its decision on sanction, the Committee took into account all the relevant evidence and documents provided, together with the submissions made by both parties and all matters of personal mitigation. The Committee also referred to the RCVS Disciplinary Committee Sanctions Guidance ("the Guidance"). The Committee had in mind that the purpose of sanctions was not to punish Dr Evans, but to protect animal welfare, maintain public confidence in the profession and maintain proper standards of conduct and performance. The Committee was also cognisant of the need to ensure that any sanction is proportionate. The Committee accepted the advice of the Legal Assessor.
34. The Committee was provided with a bundle of documents on behalf of Dr Evans. This consisted of a statement and exhibits from Dr Evans, medical evidence and some 137 references and testimonials from professional colleagues and clients of the Practice.

35. Dr Evans gave oral evidence to the Committee at this stage of the proceedings. She confirmed the content of her statement and exhibits. She provided some background to her qualifying as a Veterinary Surgeon in 2009 and the various roles she performed as a Veterinary Surgeon, before joining the Medivet Practice at Sutton Farm in 2016, where she has worked ever since.

36. [REDACTED]

37. [REDACTED]

38. [REDACTED]

39. Dr Evans said she became a Branch Partner at the Practice in 2017 and she spoke of the pressure from the caseload of the Practice being considerable. In 2020 these pressures were exacerbated by the Covid Pandemic and she was working 12-hour days, six days a week. This went on for about eight months. She spoke of changes in the team at the Practice and the inexperience of some of the staff, which meant her days were 'jam-packed' with no breaks and how morale at the Practice was extremely low. Dr Evans said that she also felt under a great

deal of pressure from the Medivet management team and at the time she did not feel supported *“in the way I do now.”*

40. In November 2022, Dr Evans said she was *“under great pressure and felt that I just had to keep doing everything to keep everyone happy and to try to make the practice a happy place to work.”* It was at this time that a recently employed Veterinary Nurse colleague of hers, Miss C, showed her photos of ring-worm type lesions on her cat and [REDACTED]. Then, a few weeks later, Miss C showed Dr Evans a [REDACTED]. They talked about the need to consider oral anti-fungal treatment and Miss C asked if she could order oral anti-fungal from a wholesaler. Dr Evans then said, *“I allowed [Miss C] to order fluconazole via our veterinary wholesaler. Whilst I knew then that it was not appropriate to prescribe for human use, I had not appreciated that it was in fact illegal.”* She went on to say, *“I now appreciate that this, in no way, excuses my conduct. Fluconazole is an oral anti-fungal drug licensed for use for fungal conditions in humans and animals. I was aware that it was commonplace to prescribe this drug. I did say that [Miss C] could go ahead and order something from the wholesalers and I accept that I knew it was for [REDACTED]”*
41. Dr Evans said that Miss C approached her again when the Fluconazole was delivered and asked if it could be put on her account. Dr Evans went on to say, *“Our practice management system is Freedom. In Freedom, there are lots of codes for procedures or medications but if a drug is not used routinely, it won't have a code. In this scenario it is possible to create a code manually. [Miss C] did not know how to do this and she asked me to do it. I worked out the charge for the drug and added VAT. There was no % mark-up as the client was a staff member. The charge for the drug was roughly £5. I put the drug down on the record for the cat. I knew that the drug was not for the cat and it was never my intention by doing so to mislead; I simply needed the practice to be able to bill [Miss C] for the medication and adding it to the system was the most appropriate way. I understand that my behaviour in this regard was dishonest and I deeply regret the same.”*
42. Dr Evans told the Committee that morale in the Practice was low and she desperately wanted everyone to get on and for her to have a good relationship with everyone. She said that when she is feeling overwhelmed and stressed, as she was then, she just did not have the capacity to deal with the outcomes of saying 'no'. She went on to say, [REDACTED] [REDACTED] *“I honestly don't think I knew what I was doing nor the implications. I was just desperate to please everyone and keep the practice going at a time when we were all very busy. I desperately regret that I allowed [Miss C] to order the Fluconazole.”*
43. On reflection, Dr Evans said, *“I am now able to appreciate that my conduct was wholly inappropriate. Oral antifungal medication can have side-effects and I appreciate that [REDACTED] [REDACTED] suffered any of these, effective treatment would have been delayed due to the medication coming from outside of the human medical sector. It distresses me greatly that this is something*

which could have occurred as a result of my actions and I am forever grateful that it did not. This is something I will never ever do again.”

44. Turning to the events in April 2023, Dr Evans said, *“The pressure at this time never relented. I felt everyone in the practice was working very hard. However, I was told in April 2023 that my staffing percentage was too high and we may need to consider redundancies. I felt I was failing my staff. We often discussed staffing wages versus turnover, along with other KPIs, some of which did not seem to make sense. Although these sort of things may not have caused concern and distress to other branch partners and vets, it really felt as though I was failing my clients, my staff and Medivet. This made me feel the need to work more and harder.”*

45. In her statement, Dr Evans then referred to an incident in April 2023 (in her oral evidence she clarified the date as being 17 March 2023, not April) as follows:

[REDACTED]

46. Following this, Dr Evans said:

[REDACTED]

[REDACTED]. I felt very alone and without any real support at work. In my mind, I did not think anyone knew me or understood me or cared about me. I didn't think I had anyone to delegate to and I just had to keep working or the practice would “crash and burn”.

I went back to work on the following Monday morning and I had no further contact from Medivet. [REDACTED] I was continuing to work extremely long hours. Since that time, I have now learned that I can ask for help and just because I ask for help it doesn't mean that person has to give it. They can

at ease could quite easily have resulted in [Cat A] not receiving the care he needed, which could have been life-threatening.”

49. Dr Evans went on to say that she was extremely fortunate that her relationship with Cat A's owner had not been irreparably damaged and that she still attends the Practice with Cat A. Dr Evans acknowledged that, *“The vet-owner relationship is paramount in the treatment and care of pets and without this our position in society would be impossible.”*

50. Dr Evans told the Committee how following on from this another work colleague had informed Medivet of the concerns and Dr Evans was then interviewed. She said, *“I accepted at that meeting, as I accept now, the mistakes that I made. I needed to be honest with [the operational management team].”*

51. From August 2023 onwards, Dr Evans said she had been offered additional support from Medivet and she began the process of developing a stronger relationship with the operational team. She now feels more able to raise matters without feeling she is being a burden. Dr Evans said, *“I know that other branch partners do not all feel the pressure exerted from Medivet, or are able to manage that within themselves, and I certainly do not wish to place any blame on Medivet for any actions or choices I made, they solely fall to me, I really felt the extreme pressure at the time.”*

52. [REDACTED]

53. In addition [REDACTED] and has also done a lot of self-directed CPD (Continuing Professional Development) in relevant areas and has started directed coaching via the VDS (Veterinary Defence Society).

54. Dr Evans spoke in detail about her insight and reflection, saying she has learned to understand herself and realised how much she was struggling at the time and the help she needed. She said, *“I now feel more able to [say] ‘no’ in situations where it is appropriate to do so; I no longer*

have a fear of letting people down in these circumstances. By the same token, I have learned honesty and transparency with my clients is paramount. I completely understand that with the benefit of hindsight, [Cat A's owner] would have understood that mistakes can happen and I have no doubt that she wouldn't have minded bringing [Cat A] back to the practice in order to obtain another blood sample. I realise and understand how fortunate I am that my conduct in relation to the two incidents described did not result in any serious consequences. Things could have been so different. I have familiarised myself with the relevant guidance and I continue to update my CPD to ensure that nothing akin to this will ever happen again."

55. Dr Evans added:

[REDACTED]

[REDACTED]

56. Dr Evans said in summary, *"I wish to reiterate that my life is completely different to what it was previously. I am unrecognisable to the person I was at the time of the allegations described. I am very grateful to have a full, stable team around me whom I have learned to appreciate and utilise more.*

[REDACTED]

am very proud to say that our practice continues to succeed and our client base continues to grow. I am able to recognise that I am the glue of the practice which is something that I am very proud of."

57. In conclusion, Dr Evans emphasised her *"sincere regret"* at her actions and that she cannot believe she allowed her behaviour to put at risk everything she values so much. She said that after her husband and children, her profession means everything to her, she loves being a Veterinary Surgeon and the fulfilment it brings to her life. She said, *"My guilt at my actions will never leave me and I will never make those again."*

58. [Redacted]

59. [Redacted]

[Redacted]

[Redacted]

[Redacted text block]

60.

[Redacted text block]

61.

[Redacted text block]

[Redacted text block]

62.

[Redacted text block]

[REDACTED]

63. [REDACTED]

64. The Committee also heard from a number of clients and professional colleagues called on behalf of Dr Evans, who commented on her character. They were all aware of the charges in this case and that Dr Evans had admitted them. They variously described her as ‘fantastic’, ‘very reassuring and empathetic’, an ‘incredibly strong vet, clinically excellent and second to none’, a vet with ‘outstanding patience, willing to give a huge amount of effort and time’ to help pets and their owners. They described her as devoted to the profession and as someone “*who exemplifies the type of vet we should all aspire to be*”. A colleague said “*it would be a tremendous loss to the profession if she were no longer able to practise.*”

65. Dr Finnuala Lonsdale, a medically qualified client of the Practice, gave oral evidence to the Committee. She described her and her children’s positive interactions with Dr Evans with regards to their nine family pets since 2015. She said she has always regarded Dr Evans as the ‘gold

standard' for how to best inform patients/clients and that on multiple occasions she had gone over and above what she would have expected in terms of her dedication to animals and their owners. She wondered, however, whether Dr Evans' dedication to animals and clients, and the extremely long hours she worked, had possibly been to the detriment of her own rest and well-being. Dr Lonsdale gave examples whereby Dr Evans had been completely transparent with her when treating her pets. She observed that what Dr Evans had done was serious and not to be condoned, but concluded, *"my experience with Dr Evans has been consistently and overwhelmingly positive. She is caring, compassionate, skilled, an excellent communicator and has the highest standards of ethics and integrity. I can only imagine there must have been some extraordinary extenuating circumstance for her to act in such an atypical way as described in these allegations."*

66. The Committee also heard from Charlotte Jones, a Registered Veterinary Nurse, who has worked with Dr Evans since she joined the Practice in August 2023. She said, *"As the branch partner of our practice, Emma has created a truly inclusive and positive work environment, promoting open communication and teamwork. She is deeply committed to supporting morale, celebrating each team member's achievements, and making sure everyone feels valued and encouraged. Her ability to remain composed and focused under pressure is exceptional. Unlike any manager I've had in veterinary medicine, Emma views mistakes as learning opportunities rather than reasons for reprimand, which fosters trust and growth within the team."* Ms Jones described Dr Evans as *"an outstanding leader, mentor and clinician, whose dedication, honesty and integrity set her apart."*

67. Ms Jones said of Dr Evans that *"She is such an important part of her Community she is amazing and a brilliant leader,"* who made her immediately feel at home when she joined the Practice. She said Dr Evans demonstrates honesty and integrity every day and *"She told me about the case she was facing and the help she has been getting and when having a bad day she does not pretend everything is fine."* Ms Jones said that Dr Evans had become much better at delegating and taking breaks and even the occasional holiday, thereby looking after herself. Ms Jones also gave an example of a time when she had made a mistake by injecting a cat with water rather than antibiotics and did not know what she should do. Dr Evans told her she had to call the owner, tell them what happened and always be open and transparent about errors.

68. Ms Jones concluded saying that Dr Evans *"consistently upholds the highest ethical standards in every aspect of her work, treating colleagues and clients with genuine respect and transparency. Her ability to foster trust and offer straightforward yet compassionate guidance, makes her an exceptional asset to our practice."*

69. The Committee heard oral evidence from Dr Rhian Littlehales, MRCVS, the Clinical Governance Director of Medivet and member of the Charter Case Committee at the RCVS. She said she has known Dr Evans since 2017, describing her as an engaging and inspiring clinician. She added, *“Dr Evans has always been revered throughout the company as an individual who is a sound clinician and runs an exemplary first opinion branch. She is popular with her clients and has consistently received glowing reviews from them. I have always known her to be motivated to do best by the animals she treats, and she is an active participant in any continuing professional development the company runs.”* She added that, *“Even before working with Medivet, I had heard from them [relatives] that Dr Evans had an exceptional local reputation, regularly being endorsed and promoted as caring and knowledgeable in the local animal-owning community.”*

70. Dr Littlehales went on to say:

“I am sure the committee will be aware that Medivet operate a “Hub and Spoke” model with branches feeding into a main 24-hour centre. I know that Dr Evans regularly volunteers at both short notice and anti-social hours to cover sickness or holiday gaps, alongside her own commitments to provide support to our Shrewsbury 24- hour clinic. I do not believe that finances are a motivation for Dr Evans to do this, as she runs a hugely successful branch. I know that the desire to support is because she is truly a team-player who recognises and respects the importance of the oath that she and her colleagues undertook to make animal welfare their constant endeavour.”

71. Dr Littlehales said that she first became aware of the concerns raised against Dr Evans in June 2023. She said:

“I attended an initial meeting together with Dr Beel in which the allegations were discussed with Dr Evans, and I can truly say that for me they were enormously emotional and upsetting to witness. It was clear, that at this time, Dr Evans was hugely burdened with both the enormity and seriousness of what she had done, [REDACTED] [REDACTED] Dr Evans was enormously apologetic, had explained that upon realisation of her mistake with the client had rectified the situation with the client involved, and was willing to face any potential consequences as a result of her actions. She told me that she felt duty-bound to report herself to the RCVS, as she recognised that moments of poor judgement could have significant public impact for the profession.

[REDACTED]

[REDACTED]

[REDACTED]

72.

[REDACTED]

73. Dr Littlehales added that:

"Dr Evans has attempted to treat her errors as a learning opportunity, and I am aware that she has invested a significant amount of time and resource in both active reflection, intervention and investment in CPD to develop her professional skills. [REDACTED]

[REDACTED]

I truly feel very sorry for the predicament of Dr Evans. I do not profess to having never made a mistake personally or in my working life, and I acknowledge that personal circumstances are always a determinant as to how likely it is that one will make a mistake. However, I firmly believe that how one handles such a mistake is testament to the character of an individual. In this case, Dr Evans immediately rectified her error and she explained to me that she was honest, apologetic and transparent with the client concerned. She made no attempt to cover up or hide what she had done and in respect of both mistakes was willing to be equally as open and honest with her regulator as she was with us, her business partners. I do not condone her initial actions that led to the concerns in any way but am aware of the challenges that she faced personally that may have led to her having poor judgement in these scenarios."

74. Dr Littlehales went on to say that a number of supportive measures have been put in place by Medivet to help Dr Evans. She said that Dr Evans had embraced the support and advice given to her and worked hard to make good the errors she made. She now has an experienced Veterinary Surgeon working alongside her, providing clinical support, and a good relationship with the Medivet Management Team and so no longer felt isolated. [REDACTED]

[REDACTED]

[REDACTED]. She said the clinic was a very positive place to be now and indeed they were missing Dr Evans this week.

75. Dr Littlehales concluded by saying that Dr Evans has her full support, is an asset to the Veterinary Profession, she has no concerns about her ability to practise safely and effectively and she would not hesitate to take a pet of hers to be treated by Dr Evans.

76. Dr Beel, the Medivet Veterinary Surgeon who interviewed Dr Evans on 12 July 2023, also provided a character reference on her behalf. He said:

“Emma has always come across as someone who genuinely puts the welfare of her patients, clients, and team above her own needs. She and her clinic have played an integral role in the local community, both within Medivet and the wider area. Emma’s commitment to service extended beyond her professional duties, as she actively volunteered for charity fundraisers, including Vetlife, demonstrating her compassion and willingness to support others.

The real reason I felt compelled to write this letter stems from my involvement in the investigation following the allegations raised against her. When I first became aware of the allegations in June 2023 and advised a full investigation, I was, as one might expect, very concerned. During the subsequent investigation, I met with Emma at her practice to discuss the issues in question.

I was fully prepared for this to be a challenging conversation, but what unfolded was far more profound and heart-wrenching. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED].

Emma’s emotional response during our conversation was deeply moving, and from a complete laypersons perspective her actions seemed to stem from a misplaced fear of failure rather than any deliberate wrongdoing. This was not the Emma I knew from previous interactions, where she had always been conscientious and professional.

[REDACTED]. She has demonstrated accountability by contacting affected clients to set the record

straight and working closely with us to implement measures to protect patients and clients. Emma also self-referred to the RCVS, showing her willingness to take responsibility and face the consequences of her actions.”

77. In conclusion, Dr Beel wrote, *“While I do not condone the actions that led to this situation, I believe it is important to consider the context of these actions [REDACTED] [REDACTED] and consider these as mitigating factors. Emma has shown sincere remorse, accountability, and a commitment to making amends.”*

78. The Committee was provided with some 137 character references in total (some of whom gave oral evidence to the Committee, as referred to above), with all of the authors indicating that they were aware of the admitted charges in this case. To try and do them justice in this determination would lead to it being unwieldy, suffice it to say that it was quite apparent that both professionally and personally Dr Evans is held in the highest regard by both clients and colleagues alike. It is difficult to imagine a more impressive set of references and this is very much to Dr Evans’ credit.

79. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

80. [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
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[Redacted]

81.

[Redacted]

[Redacted]

[Redacted]

82. The Committee first considered any aggravating and mitigating factors in this case. The Committee found the same aggravating factors as when considering disgraceful conduct in a professional respect, namely:

- risk to human health by allowing the POM to be ordered in the knowledge that it was being done for personal human use, rather than for an animal;
- abuse of professional position;
- breach of client trust;
- potential adverse impact on the welfare of Cat A by falsifying records indicating blood test result were normal when they may not have been;
- potential adverse impact on the welfare of Cat B by recording a prescription of Fluconazole that the cat had not in fact been prescribed.

83. The Committee considered the following mitigating factors:

- no previous disciplinary history;
- a long and unblemished career as a Veterinary Surgeon both before and after this incident;
- open and frank admissions to the matters alleged by the College;
- the prevailing circumstances, namely the particular pressures at work exacerbated by Dr Evans' desire to please everyone and not to let anyone down;
- Dr Evans was feeling very isolated and her situation does not appear to have been picked up by management until the meeting in July 2023, by which time matters had escalated;
- significant insight into her conduct and the impact of her actions on Miss C, Cat A's owner, her colleagues and the wider profession;
- effective and targeted remediation, ensuring there is most unlikely to be a repeat of the circumstances in which the conduct occurred;
- [REDACTED]
- [REDACTED]
- the lapse of time since the events in question;
- genuine expressions of remorse and apology;
- support from her employers Medivet, who have continued to employ Dr Evans since these incidents;
- a very significant number of positive testimonials.

84. The Committee recognises that there is a scale of seriousness of dishonesty and therefore gave careful consideration as to where Dr Evans' dishonest conduct fell to be judged. The Committee was concerned with her dishonest conduct on two separate occasions, once in November 2022 and then again in May 2023.

85. The Committee was confident that Dr Evans did not set out to act dishonestly. In both instances she made an initial error of judgement and everything that followed flowed from those errors. She had not acted out of any personal or financial gain or malicious intent. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] For all these specific reasons, the Committee concluded that Dr Evan's dishonest conduct fell towards the lower end of the spectrum of dishonesty.

86. With that view in mind, together with the aggravating and mitigating factors, the Committee considered what sanction to impose, beginning with the least serious and stopping at the sanction that the Committee considered properly reflected the misconduct in this case.

87. In light of the accepted dishonest element of the conduct the Committee did not consider this was an appropriate case in which to take no further action. The public interest would not be served by the Committee taking no further action.

88. The Committee did not consider postponement to be an appropriate disposal in this case.

89. The Committee next considered whether to reprimand and/or warn Dr Evans about her behaviour.

90. The Committee was aware that Dr Evans' conduct fell far short of the standard expected of a Veterinary Surgeon and that dishonesty, in particular, is always to be viewed as serious, ordinarily attracting a sanction towards the top end of severity. However, it is most important that the conduct is seen and dealt with in context and, as described above, these were unusual circumstances, [REDACTED]. There is no doubting that what she did was very wrong and she knows that. However, the conduct occurred in part due to Dr Evans' desire to keep everyone happy [REDACTED] Dr Evans has demonstrated significant insight into her behaviour and expressed genuine remorse. She has shown by her admissions that she understands that her conduct was dishonest and she has assured the Committee that there would be no repetition. Indeed, she has worked for some time since this incident without any repetition and it is clear that her colleagues and clients alike all

consider her to be the consummate professional and a role model for the profession. The Committee was persuaded that this behaviour was very much out of character, [REDACTED] and was satisfied that it was highly unlikely that Dr Evans would behave in such a way again, even if under similar pressure.

91. The Committee was made aware by the Legal Assessor, that the Courts have for a while been making it clear that there is a spectrum of dishonesty and that it is not a foregone conclusion that dishonesty will lead to suspension, let alone erasure, and careful regard must be had to the context and circumstances of the offending behaviour. As stated above, the dishonest behaviour in this case arose not out of any malicious intent on the part of Dr Evans, nor for any personal or financial gain but, in the first instance done to try and please a work colleague and in the second as a result of panicking, rather than any rational thought process.
92. The Committee did give serious consideration to suspending Dr Evans' registration with the College. This would have sent out a very clear message that this sort of behaviour is absolutely not to be tolerated. However, in light of the extensive mitigation, her honesty and significant insight throughout these proceedings, [REDACTED] and the unlikelihood of behaviour of this type ever being repeated, the Committee considered the public would not be best served by suspending an otherwise exemplary Veterinary Surgeon and that such a sanction would be disproportionate and punitive. The Committee is satisfied that Dr Evans does not represent any risk to animals. When considering the public interest, the Committee took into account the 137 members of the public, comprising 104 clients and 33 professional colleagues, who had provided supportive testimonials. Whilst it is important not to overstate the status of positive testimonials, there was no escaping the significant number of people who, it could be said, represented the directly engaged public interest and who clearly thought it would be wrong to prevent Dr Evans from practising.
93. In all the, somewhat exceptional, circumstances of this case, the Committee was satisfied that a reprimand and a warning not to behave in this way again, would provide adequate protection to animals, as it was satisfied Dr Evans was most unlikely to ever make such a flawed set of decisions again. The Committee was satisfied that Dr Evans does not represent a risk to animals going forward, indeed from the character evidence it is clear that she always puts the welfare of animals first. She has also shown, since this episode, that she can work under pressure and not resort to making bad decisions and thus the Committee considered the wider public interest would best be served in this case by a reprimand and a warning. Notwithstanding the serious nature of Dr Evans' conduct, the Committee was satisfied that a fully informed member of the public would not be shocked if Dr Evans were allowed to continue to practise.

94. The decision of this Committee is, therefore, that Dr Evans be reprimanded and warned about her behaviour. Dr Evans should, however, be under no illusion of how serious it is to have a finding of disgraceful conduct in a professional respect made against her and she should not take lightly the decision of this Committee to reprimand and warn her.

95. That concludes this case.

DISCIPLINARY COMMITTEE

9 January 2025