

ROYAL COLLEGE OF VETERINARY SURGEONS

INQUIRY RE:

DR NICOLA JANE GURRIN, MRCVS

COMPLETE DECISION OF THE DISCIPLINARY COMMITTEE

1. The College was represented by Ms Alexis Hearnden, Counsel; Dr Gurrin was represented by Ms Shauna Ritchie, Counsel.
2. Dr Gurrin appeared before the Disciplinary Committee to answer the following charges:

THAT, being registered in the Register of Veterinary Surgeons and whilst in practice at Norbury Pet Health Centre, 1203a London Road, London SW16 4UY:

1. On or about 3 March 2023, you wrote prescriptions indicating that the prescribed medicine was for the treatment of an animal, when it was in fact intended for the treatment of a human, more particularly:
 - a. a prescription for 30 tablets of Roaccutane 20mg (generic name isotretinoin); and/or
 - b. a prescription for 30 tablets of Roaccutane 10mg (generic name isotretinoin);
2. Your conduct in relation to 1a and/or 1b above:
 - a. Was dishonest; and/or
 - b. Was misleading; and/or
 - c. Took place in circumstances where you were not professionally qualified to write a prescription for a human;

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.

3. Dr Gurrin admitted the allegation in its entirety. The Committee therefore found paragraphs 1 and 2 of the Allegation proved.

The College's Application to Hear Parts of the Case in Private

4. At the outset of the hearing, Ms Hearnden made an application that portions of the hearing be heard in private and to feature only upon the private versions of the transcript of the Committee's determination, those portions being limited to any information relating to the identity of Ms A for whom the prescriptions were printed, her health condition and the health condition of any other member of Dr Gurrin's household.
5. Ms Ritchie supported the application.
6. The Committee received legal advice from the Legal Assessor.
7. The Committee had regard to Rule 21 of the Veterinary Surgeons and Veterinary Practitioners (Disciplinary Committee Procedure and Evidence) Rules 2004 which by paragraph 21.2 granted the Committee a discretion to exclude the public from the proceedings or any part thereof, where it appeared to the Committee that this would be in the interests of justice. Further it noted Article 6(1) of the European Commission of Human Rights which provided as follows:

"In the determination of his civil rights and obligations or of any criminal charge against him, everyone is entitled to a fair and public hearing within a reasonable time by an independent and impartial tribunal established by law. Judgment shall be pronounced publicly but the press and public may be excluded from all or part of the trial in the interests of morals, public order or national security in a democratic society, where the interests of juveniles or the protection of the private life of the parties so require, or to the extent strictly necessary in the opinion of the court in special circumstances where publicity would prejudice the interests of justice. ..."

8. The Committee determined that it was in the interests of justice to grant Ms Hearnden’s application, and therefore allowed it.

The Facts

9. Ms Hearnden outlined the facts which gave rise to the charge as follows:

Dr Gurrin is a qualified veterinary surgeon. She practises at Norbury Pet Health Centre, 1203a London Road, London, SW16 4UY. This Inquiry is concerned with allegations against Dr Gurrin in relation to two prescriptions written on 3 March 2023: one for 30 x 20mg tablets and the other for 30 x 10mg tablets of Roaccutane (generic name: Isotretinoin) (“the Prescriptions”). The Prescriptions were described as for animal use only but were in fact prescribed for human use by Ms A, [REDACTED]

On Saturday 4 March 2023 a female customer telephoned the Boots Pharmacy, Fleet Road, Fleet (“the Pharmacy”) to ask whether or not they had Roaccutane tablets in stock. Around noon, a female customer, accompanied by a man, presented the Prescriptions at the Pharmacy. The trainee pharmacist, having read the Prescriptions, raised her concerns with the Pharmacy Manager. The Prescriptions named the Practice (Norbury Pet Health Centre) and were signed by “Nicky Gurrin MRCVS”. They were titled “Veterinary Prescription” and said:

*“FOR ANIMAL TREATMENT ONLY KEEP OUT OF THE REACH OF
CHILDREN
THIS PRESCRIPTION IS ISSUED FOR AN ANIMAL IN MY CARE UNDER
THE CASCADE.
THIS PRESCRIPTION IS FOR A SINGLE USE ONLY AND IS VALID FOR
ONE MONTH ONLY.
ITEMS SUBJECT TO TAX.”*

The patient’s name was recorded as “[Ms A]”; the species “unknown”; and the owner “[Ms A]” The Prescriptions also stated that:

“Veterinary Surgeons will use their knowledge to decide on the best medication for the patient. They will consider the patient’s condition, any drug interactions

and any other existing disease. They will also make detailed notes in the patients {sic} clinical records. Finally they will write a prescription”.

When challenged, the woman and man presenting the Prescriptions admitted that the tablets were intended for human use and explained that they had been prescribed by the Registrant.

The Pharmacy Manager escalated the matter to the Superintendent Pharmacist's Office on Monday 6 March 2023 and later that day telephoned the Practice to speak to Dr Gurrin. Dr Gurrin confirmed that she had written the Prescriptions so that the patient could maintain her supply of the medication. She asked if she would get in trouble.

The matter was reported to the College, which wrote to Dr Gurrin on 10 January 2024. Dr Gurrin responded in writing on 16 January 2024 and admitted that she had written the Prescriptions for Ms A *“in an effort to help her out and make her life a little easier. My motivation was nothing more than to do a good deed for [REDACTED] who had run out of a prescribed medication”.* She expressed regret for what she described as a one-off lapse in judgment.

Dr Gurrin has provided a witness statement dated 23 September 2024 in which she provides fuller context and offers her reflections on the risks as well as remorse for writing the Prescriptions.

10. Ms Hearnden stated that prescribing medication in these circumstances was contrary to the RCVS Code of Practice 2012 which provides as follows:

- 1.2. *Veterinary surgeons must keep within their own area of competence and refer cases responsibly.*
- 1.3. *Veterinary surgeons must provide veterinary care that is appropriate and adequate.*
- 1.4. ...
- 1.5. *Veterinary surgeons who prescribe, supply and administer medicines must do so responsibly.*

In addition, a veterinary surgeon must:

2.5keep clear, accurate and detailed clinical and client records.

4.1 ...work together and with others in the veterinary team and business, to co-ordinate the care of animals and the delivery of services.

4.5 ...communicate effectively, including in written and spoken English, with the veterinary team and other veterinary professionals in the UK.

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

Still further, the Supporting Guidance (referred to in the Code) directs that a veterinary surgeon should

“4.14....prescribe a medicine authorised in the jurisdiction where they are practising, for use in the target species, for the condition being treated, and used at the manufacturer's recommended dosage”.

The Supporting Guidance does not contemplate, or permit, a veterinary surgeon to prescribe medicines for human use.

Disgraceful Conduct in a Professional Respect

11. Ms Hearnden made the following submissions on behalf of the Royal College
 1. The College submits that the facts admitted amount to disgraceful conduct in a professional respect. Disgraceful conduct is that which falls far short of what is expected of the profession. It is a matter of judgement for the Committee and the Committee may be assisted by the RCVS Disciplinary Committee Sanctions Guidance for Veterinary Surgeons cases (“the DC Guidance”).
 2. In exercising its function, the Committee should have regard to the public interest, defined as:
 - a. The promotion and protection of health and welfare of animals and the protection of public health;
 - b. The promotion and maintenance of public confidence in the veterinary profession;

- c. The promotion and maintenance of proper professional standards and conduct in the veterinary profession.
3. In *Ivey v Genting Casinos UK* [2017] UKSC 67, [2018] A.C. 391 Lord Hughes JSC clarified the test for dishonesty (para.74):

“When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual’s knowledge or belief as to the facts. The reasonableness of otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to the facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standard of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest”.
4. Proven dishonesty has been held to come at the ‘top end’ of the spectrum of gravity of disgraceful conduct in a professional respect (*Tait v RCVS* 2003 WL 1822941, para.13). In such cases, the gravity of the matter may flow from the possible consequences of the dishonesty as well as the dishonesty itself (DC Guidance, para.76).
5. The Prescriptions were clearly marked for animal use and the animal name was given as [Ms A]. That was misleading and untrue and Dr Gurrin wrote the Prescription knowing it was intended for human use. As such, she has admitted acting dishonestly.
6. The reasons why a veterinary surgeon should not prescribe prescription-only medication to humans are plain: their qualifications and expertise apply to the animal rather than human cohort. In the case of Roaccutane specifically, as set out above, the medication exposes a person to the risk of side effects, including depression and suicidal ideation and risks to the foetus in the event of pregnancy and as such, should be used under medical supervision. On Dr Gurrin’s account she did not see the original GP/doctor prescription or know about the side effects or any contra-

indication (save for discussions around pregnancy) at the time of writing the Prescription.

7. Matters of mitigation and aggravation are relevant to the sanctions stage, rather than an assessment of whether or not the admitted conduct represents disgraceful conduct.
8. The College submits that the Registrant breached fundamental tenets of the Code and acted dishonestly and as such, the admitted facts amount to disgraceful conduct.

Submissions on Behalf of Dr Gurrin

12. Ms Ritchie made no submissions but reminded the Committee that, whilst dishonesty is a serious matter, there are degrees of dishonesty. The Committee should consider a number of factors: the level of planning / sophistication; the duration of the dishonesty; the admissions made and the early stage of the admissions including that they were made to the pharmacist and not just to the RCVS; the purpose of the dishonesty; whether any harm was caused; whether there was any financial loss; whether there was any financial or personal gain.

Legal Advice

13. The decision as to whether or not Dr Gurrin is guilty of disgraceful conduct in a professional respect is a matter for the Committee to determine without reference to the burden and standard of proof. The Committee should exercise its own judgement and should take into account Dr Gurrin's admission, but it is not bound by it.
14. Disgraceful conduct in a professional respect means conduct that falls far short of that which is expected of a member of the veterinary profession. It is not limited to conduct involving moral turpitude or to a veterinary surgeon's conduct in pursuit of his profession, but might extend to conduct which, though reprehensible in anyone, was, in the case of a professional person, so much more reprehensible as to merit the description disgraceful in the sense that it tended to bring disgrace on the profession he or she practised. Disgraceful conduct is also not limited to matters described in the RCVS Code of Professional Conduct.

15. The Legal Assessor also referred to two cases on misconduct: Roylance v General Medical Council [2000] 1 AC 311, and *R (on the application of Remedy UK Ltd) v. GMC* [2010] EWHC 1245 (Admin.). Finally he referred to context and whether the circumstances in which the veterinary surgeon acted as she did could have any bearing on its findings. In that regard, he referred the Committee to paragraph 27 of the DC Guidance which reads as follows:

Mitigating factors may in certain circumstances be relevant when the Disciplinary Committee is deciding whether the facts proved in each head of charge amount to disgraceful conduct in a professional respect or render the respondent veterinary surgeon unfit to practise (for convictions). This would be where a mitigating factor is relevant to the circumstances of the charge and is not purely personal mitigation.

Decision on Disgraceful Conduct in a Professional Respect

16. The Committee accepted that the relevant test was whether the conduct falls far short of the standard that is expected of a member of the veterinary profession. The question of whether conduct amounts to disgraceful conduct in a professional respect is a matter of judgment for the Committee, not a matter which is to be decided on a burden or standard of proof.
17. The Committee approached this case on the basis that Dr Gurrin, as a veterinary surgeon, was not qualified to prescribe medication for human beings, nor was she qualified to treat them. To have done so ran contrary to the RCVS Code of Practice 2012, particularly paragraph 1. When Dr Gurrin issued the Prescriptions for Ms A, she knew or ought to have known that she had no right or licence to do so. There were almost no circumstances in which she was entitled to write or issue a prescription for a human being, and certainly none present warranting her doing so in this case.
18. Further, the Committee noted that Dr Gurrin drew up and issued prescriptions which were dishonest and misleading. Under "Animal Name", she put the name of the person for whom she intended the prescriptions, and she printed the prescriptions notwithstanding the notice that they were for animal treatment only, and that they were issued for an animal in her care.
19. Further the Committee noted that the prescriptions which she issued were for tablets of Roaccutane - isotretinoin. This was not routine medication, used to treat acne, with which she was not familiar. The Committee understood that it should only be

prescribed by a dermatologist or other medical specialist. It was contra-indicated in pregnancy. She prescribed the medication solely on the basis of what she was told by Ms A and / or her partner. She did not know whether it was or remained appropriate for Ms A to continue to take it. She did not know whether Ms A was or was not pregnant at the time; she had only been told as much by Ms A.

20. Having read Dr Gurrin's witness statement, the Committee was aware of the reasons which Dr Gurrin had for issuing the Prescriptions to Ms A on 3 March 2023. Put shortly, they were that Ms A was not able to continue taking Roaccutane under her existing prescriptions of Roaccutane as the medication had been accidentally discarded by her partner; that if Ms A did not complete the lengthy course of Roaccutane upon which she had already embarked, she would have to repeat it; that pregnancy was contraindicated when the medication was being taken; a repetition of the course would further delay the opportunity for Ms A and her partner to start a family. In effect Dr Gurrin issued the Prescriptions to help [REDACTED] who was in distress.
21. The Committee also understood that Dr Gurrin was not initiating the prescriptions; she was continuing existing prescriptions for Roaccutane; she was endeavouring to rectify a problem to which Ms A and her partner had suddenly become exposed.
22. Notwithstanding that these reasons are relevant to why Dr Gurrin issued the prescriptions, they were not sufficiently profound or cogent to warrant her departing from the fundamental principle that a veterinary surgeon prescribes for, and treats, animals, not human beings.
23. The Committee therefore found that, by reason of the matters set out in the charges, which Dr Gurrin has admitted, she is guilty of disgraceful conduct in a professional respect.

Sanction

24. Dr Gurrin gave evidence at the sanction stage of the hearing. She affirmed the contents of her witness statement dated 23 September 2024 in which she stated inter alia:

- At the outset I would like to apologise for my actions. As I hope will become clear from this statement, I acted with the best of intentions to help [REDACTED] but in doing so I fell below the standards expected of a member of the Royal College of Veterinary Surgeons (“RCVS”). As I accepted at the time, and have done repeatedly since, what I did was wrong and I regret my actions greatly. I can assure the RCVS that I have learnt my lesson and I will never do anything like this again.
- On the evening of Friday 3 March 2023 [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Ms A [REDACTED] has struggled with severe acne for years, so much so that there was a time when she was in great physical pain and psychologically never wanted to go out.
- I was aware that Ms A had been on strong medication for her acne for several months, and that she had been prescribed it by a specialist dermatologist. She had been a completely different person since she had started taking the medication – so much more outgoing and confident. Her skin had dramatically improved, [REDACTED]
[REDACTED] As far as I was aware Ms A was not experiencing any side effects from taking the medication, but I did know there was one major downside to her taking it: Ms A and [REDACTED] were unable to have children whilst Ms A was taking it due to the high risk of it causing birth defects. Ms A therefore had to take regular pregnancy tests to make sure she was not pregnant. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
- When we were speaking [REDACTED] they told us that [REDACTED]
[REDACTED] had accidentally thrown out Ms A’s remaining medication [REDACTED]
[REDACTED] They were desperate to get some more as when

we were talking Ms A said she had been told that she should not have a break in her treatment otherwise she would have to restart the entire treatment course. This would mean a further delay in them trying to start a family, [REDACTED] [REDACTED] Ms A told me that unfortunately she would have to wait for an appointment before she could get any more medication, which obviously meant there would be a break in the treatment.

- Given the issues [REDACTED], it was an emotional conversation. I could tell from what they were saying and how they were behaving just how distressed they were and how desperate they were to get hold of the medication, so I think I offered to write Ms A a prescription for it. To the best of my recollection, I was the one who suggested that I could write the prescription, as opposed to [REDACTED] Ms A asking me to write it, although the conversation took place so long ago I cannot be 100% certain. I cannot remember precisely what they said in response, but they accepted my offer. I do not recall either of them [REDACTED] raising any concerns with me writing the prescription, for example querying whether I should be writing it because I was not a human doctor. I fully accept it was not for them to say anything given none of them are medical or veterinary professionals, I mention it only because had one of them said something I am sure I would have stopped to consider what I was doing, and realised that it was a stupid thing to do.
- When I offered to write the Prescription I did not actually know what medication Ms A was on, so at some point she must have told me it was Roaccutane. I had never heard of it previously so, other than what Ms A had told me prior to then, I knew nothing about it. I did not specifically ask Ms A if she was pregnant but, given what we had discussed both previously and that evening about the risks of her taking the medication whilst she was pregnant, I knew she would have told me if there was even the remote possibility she was pregnant. Also, she would not have wanted more of the medication if she thought she was pregnant. I do not remember her doing so, but after it had been agreed I would write the prescription Ms A must have told me that she was taking 20mg and 10mg Roaccutane tablets once a day, and that her prescriptions were for 30 tablets, to be taken once daily. I say this because I would not have otherwise known what details to put in the prescriptions.

- Vets are not allowed to write prescriptions for any medicines for use by humans. I was aware of this when I offered to write the Prescription for Ms A, but at the time all I was thinking about was helping her. [REDACTED]
[REDACTED] I was not thinking about anything else, in particular the fact that what I was doing was wrong or the potential consequences of my actions.
- Once Ms A had given me the information I needed to write the prescriptions, I went straight downstairs to one of the practice computers to write them. I do not know what I was thinking at this precise time, but I was certainly not thinking logically, nor was I scheming or planning a massive deception. Writing the Prescriptions required me to enter the relevant details into fields (i.e. boxes) on a screen in the practice management system and then select 'Prescription', at which point the prescription printed. There was no proforma prescription document on the screen, and when I was entering the various details I was not thinking about the standard wording that would appear in the prescription when it was printed out.
- Copies of the prescriptions are [before the Committee]. As is apparent from these, for each prescription I entered 'Ms A' for the Animal Name, 'Unknown' for the Animal Species and Ms A's full name and address for the Owner and the Owner's Address. I used the details Ms A had given me to complete the relevant details for the Roaccutane. I cannot recall what I was thinking when I was entering these details, but what I am certain of is that I was not trying to give the impression that the prescriptions had been written by a human doctor, or that the Roaccutane was for an animal. I did not make up an animal's name or species as I was not writing the prescriptions for an animal; I used Ms A's details as the prescriptions were for her. I entered 'Unknown' for the Animal Species because the prescriptions were for Ms A, not an animal. Had I been able to enter 'N/A' or something like that I would have, but the system required me to use one of the options from a drop-down list and 'Unknown' was the most appropriate.
- Once I had entered all the details I printed the Prescriptions and signed them. As the Prescriptions had been completed by me using my account details on the system, it auto-populated my name ('Nicky Gurrin MRCVS') and registration number. As stated above, I was not thinking about what the standard text in the prescriptions said and I did not look at this when I signed them. I was not thinking

about anything other than helping Ms A [REDACTED]. I appreciate now that the Prescriptions were 'VETERINARY PRESCRIPTIONS' and stated they were 'FOR ANIMAL TREATMENT ONLY', and I can see how somebody reading the Prescription would think I was writing the prescription for an animal, but that was not the case. I really do not know what I was thinking when I was writing the Prescriptions, but I suppose I must have been hoping that when Ms A presented the Prescriptions the pharmacist would either not look at them properly, or would simply wave them through. On reflection, if that was what I thinking, it was unrealistic that a competent pharmacist would not look at the Prescriptions carefully or just wave them through, and it just goes to show I was not thinking clearly, or at all. Either way, I accept that what I did was wrong and stupid. It really was a moment of madness and I something I deeply regret.

- Once I had signed the Prescriptions I [REDACTED] gave them to Ms A. I cannot remember what was said when I gave them to her, but I am certain there was no discussion about how she would present the prescriptions, where or what she would say, or any details like that. I do not recall anything further being said about the Prescriptions, we just got on with the rest of the evening.

Saturday 4 March 2023

- I was working the next day, the Saturday, when I received a call [REDACTED]. He said he and Ms A had taken the Prescriptions to the pharmacy but they had refused to dispense the Roaccutane. He said the pharmacist was going to give me a call. I knew why the pharmacist was going to call me, and that what I had done was wrong, but I suppose I hoped they would consider the surrounding circumstances and understand the reasons why I acted as I did. [REDACTED] was concerned that I was going to get into trouble, so he was very apologetic and said he felt terrible that he had put me in such a difficult position (even though it was not his fault).

Monday 6 March 2023

- The following Monday, 6 March 2023, I received a call from the pharmacist. I do not recall them saying what their name was. When I provided my initial response to the RCVS I assumed it was Ms Childs as she was the person who made the

complaint to the RCVS, but I note from Deborah Dooley's statement that she says she called me. I have no reason to doubt that what she says is right.

- I do not remember exactly what was said during my conversation with Ms Dooley, but her account ... sounds right. I remember Ms Dooley telling me that I should not have written the prescription, and me generally feeling like I was (rightly) being told off. I also remember feeling quite embarrassed as I should have known better than to make such a foolish mistake. I was aware that I had made a significant error in judgement, and I respected what Ms Dooley was saying to me. I was very remorseful and apologised several times. I would like to apologise to Ms Dooley again for putting her in a difficult position, one that she should never have been put in.
- At the end of the conversation, I asked Ms Dooley whether she would be taking matters any further, and she said she would not. I do not remember her saying she had to report the matter internally, but it is possible she did. I was relieved that she would not be taking things any further, and told myself I would never do such a stupid thing again.

Comments

- As I have stated above, whilst I was simply not thinking at the time, I knew I was not allowed to write the Prescriptions for Ms A. Vets cannot prescribe medication for use by humans. It was a significant error of judgement on my part and a foolish thing to do. I had not even heard of Roaccutane at the time, and whilst Ms A had not experienced any side effects other than dry skin (she has confirmed this to me since), the fact that I did not stop to think about any other potential side effects just goes to highlight that I was not thinking at all. As part of my reflections on the incident I have reviewed the Roaccutane (Isotretinoin) datasheet and am now aware there are numerous serious potential side effects, many of which are classed as common or very common – for example anaemia, haemorrhage, thrombocytopaenia and thrombocytosis. There is even the mention of pancreatitis, visual disturbances and psychiatric side-effects. I did not know about any of these, I just relied on what Ms A told me in terms of the dosage. I dread to think what would have happened if Ms A had given me the wrong dosage and/or she had suffered an adverse reaction from the Roaccutane I had prescribed. Thankfully, the pharmacist did their job properly and refused to

dispense it, but it does not stop me thinking about what could have happened. Such a reckless approach to prescribing is so out of character for me, and I am ashamed of what I did. Not only have I put my career at risk, but also a vital service to the local community. I imagine it would cause many of clients and their animals a great deal of distress and inconvenience if I was unable to treat their animals, as they specifically request to see me.

- I am fully aware that I acted contrary to the RCVS Code of Conduct, and how important the responsible prescription and dispensing of medicines is in veterinary practice. The ability to prescribe and dispense veterinary medicines brings with it additional responsibilities, and I am keen to ensure that I am fully aware of all the relevant rules and regulations. With this in mind, I have paid to attend the online BSAVA Autumn Dispensing Course 2024... The course consists of 4 modules and I have completed the first 2. These covered legislation, controlled drugs, inspection, enforcement and reporting and the Cascade, and I have found them very useful. I will complete the remaining 2 modules when I am back from holiday, but the course as a whole covers all aspects of prescribing veterinary medicines so I am sure it will be of great benefit to me.
- I would like to again apologise for my actions and assure the Disciplinary Committee that this will never happen again.

25. In her oral evidence, Dr Gurrin:

- expressed her deep regret for her actions;
- maintained that she had learnt from her mistakes;
- stated that she recognised that she has caused her loved ones and her employees stress and additional work, and as well the RCVS;
- explained how much she values her work in Norbury;
- stated that living above the practice made her rather vulnerable to pressure;
- explained that there had been pressures at home in her own household before the incident;
- explained that whilst she apologised to the pharmacy and to the Royal College right away, she did not initially give a full circumstantial account in order to respect Ms A's privacy;
- stated that she knew Ms A was on a course of treatment;

- stated that Ms A was very stressed about the loss of her medication, and that she just wanted to help her;
- stated that she was confident that Ms A would have told her if she was pregnant;
- stated that she knew that Ms A was under the care of a consultant dermatologist;
- stated that she had entered the detail on the prescription form as best she could. She was not intending to mislead. She didn't recall reading the notice on the prescription form as it is always present;
- stated that she had not given Ms A and her partner any instruction as to how to go about collecting the prescription. There was no deceit.
- stated that she was embarrassed and worried when she received a call from the pharmacist. She realised she should not have done it;
- stated that she is now aware of the nature of the medication, and that to have prescribed it was potentially very dangerous;
- stated that she is aware that she is in breach of the Code;
- stated that, when she had contacted clients and her peers to ask for references, she was very embarrassed and ashamed;
- stated that she is aware that her ability to practise is in jeopardy;
- hoped that the Committee would consider the circumstances of her actions;
- explained that she loves her job;
- wanted the Committee to realise what "a stupid, stupid mistake and lapse of judgement" she had made. She didn't know what she would do if she were not a veterinary surgeon.

26. In cross examination, Dr Gurrin:

- acknowledged that she did not think Ms A had made any effort to notify her GP or obtain medication from elsewhere. She did think she had spoken to someone, but not a pharmacist;
- acknowledged that, in fact she had time to reflect on what she had done before Ms A and her partner went to the pharmacy the following day. She had not done so as she was busy at work;
- said that she had been told about the medication by Ms A; she had not seen any boxes of medication to confirm the medication or the dosages;
- said that she had not googled the medication at the time;

- said that she had completed the drop-down box on the prescription form and printed it without stopping to read the proforma information upon it;
- acknowledged that, as it was not for an animal, the way she had completed the form was misleading.

27. In answer to Committee questions, Dr Gurrin:

- stated that she understood the effect her actions would have had on her colleagues and her family;
- stated that she was worried that the public might regard veterinary surgeons as irresponsible. She recognised that she was clearly not qualified to prescribe for human beings;
- acknowledged that the public would be worried and alarmed and that veterinary surgeons could abuse their power to prescribe;
- acknowledged that her actions would have endangered the reputation of the profession as the public could lose confidence in veterinary surgeons and the profession, and could impact on animal health;
- Acknowledged that colleagues would regard her as having acted irresponsibly and would consider that her actions may have had potentially dangerous or harmful consequences.

28. Ms Ritchie referred the Committee to some 54 character references which were being adduced on behalf of Dr Gurrin. All the referees were made aware of the charges which Dr Gurrin faced and that she admitted them. Of those character referees, she called three to give oral evidence remotely as follows:

- Ms AR who verified the contents of her letter dated 4 September 2024. She explained that she had a background in health care, particularly end of life health care. She explained that she was astonished to hear of the facts of the case. She spoke very highly of Dr Gurrin as a veterinary surgeon and how she had been a client of hers for some 18 years before moving to Scotland. She mentioned that her daughter had become a veterinary surgeon and had derived significant assistance from Dr Gurrin, including encouraging her to maintain her desire to train after an initial setback. She stated that Dr Gurrin had provided exceptional care to both patients and clients. She stated that her confidence in Dr Gurrin was not shaken by the matters before the Committee,

observing that “you can do wrong for a very bad reason – personal gain; and you can do wrong for what at that moment seems like the right reason”. She considered that Dr Gurrin had had a very stressful day on 3 March 2023, and that, presented with another problem, in that moment made the wrong choice.

- Ms Marietta Clegg RGN N BSC (Nursing Hons) who verified her letter dated 11 September 2024. She had been a client for over 20 years. She said that Dr Gurrin was the best vet she had ever known. She was really honest, trustworthy and always wanted to do her best. Although she no longer lives in the immediate area, she still travels the distance to see her; no other vets were comparable. She said she was very supportive to clients and had great integrity. She said that she was thorough and always follows through on things she says she will do. She said her confidence was not shaken. She still believed in her, observing that her actions were very out of character. She observed that “mistakes happen, but she was not a bad vet. Her trust in Dr Gurrin was not shaken”.
- Ms Rimmer-Wilson OBE who verified her letter dated 9 September 2024. She said she had been a client of Dr Gurrin’s for over 20 years. She observed that Dr Gurrin was an outstanding member of the community; that her actions were completely out of character. She explained that she was familiar with the medication, and understood the urgency of the situation. She said that she could see why Dr Gurrin had had a momentary lapse of judgement; she knew what an emotional thing it was. She said that she wouldn’t be here if she considered that this was more than an isolated lapse of judgement.

29. The remaining references were written by clients, staff and veterinary surgeon colleagues practising nearby. They speak of Dr Gurrin’s excellence as a vet; how she has transformed the surgery since taking it on in 2004; the ethos of Norbury Pet Health Centre; her care for her clients including visiting a blind lady’s house to care for her dogs when the lady’s husband had died, caring for patients when a lady went into hospital for an unanticipated prolonged period; how she had provided work experience for young people; how she has greatly assisted her communities cohesion, and become a pillar of society; how she is irreproachable; her work ethic; her integrity; her work in the South London Emergency Veterinary Clinic; her support for the care of feral cats who were taken to the practice; her support for the annual Pet blessing service at St Philip’s church and the British Guide Dog Association; her improvement of

staff working conditions; her care of stray animals. Ms SC stated in her letter dated 18 September 2024:

My beautiful friend had the biggest heart and is the most selfless, kind and caring individual who is incredibly loyal to her family and friends alike. I have never known a time where she has not been there for me, she has seen me through some of the toughest times in my life and had been there for all 3 of my children.

The locum veterinary surgeon at the Norbury Pet Health Centre, Dr Barbara Daffner MRCVS wrote on 6 September 2024:

Through my work at Norbury Pet Health Centre I have experienced Dr Gurrin's passion for her profession, and her commitment to ethical practices. Dr Gurrin is always honest in her communications with clients, she is upfront about potential costs and the usefulness and limitation of any diagnostic workup or treatment she proposes. I have repeatedly observed her going the extra mile to help clients, such as going on a house call outside her normal business hours.

In difficult situations she takes responsibility, she does not parcel out blame, but has constructive discussions with her team to find out how a problem originated and how a recurrence can be prevented going forward.

...

In my experience Dr Gurrin is an honest person. In her actions she is primarily driven by the desire to help whenever she can.

Submissions on Sanction

30. Ms Hearnden made no submissions on sanction, observing that it was a matter for the Committee. She reminded the Committee of the DC Guidance.
31. Ms Ritchie made the following submissions on sanction:

1. The DC Guidance at paragraph 30 states:

"The Disciplinary Committee exercises discretion in deciding on the appropriate outcome or sanction. In so doing, it must be satisfied that its action is proportionate in all the circumstances of the case. This will involve the Committee giving consideration to such matters as: a. The existence of

any aggravating or mitigating factors of the offence or conduct; b. The respondent veterinary surgeon's personal circumstances and any personal mitigation offered; c. References and testimonials"

2. Case law in respect of dishonesty and sanctions imposed in other cases may be of limited assistance. In some cases the public interest will require that a dishonest practitioner is removed from the register; in others a reprimand will suffice.

3. The DC Guidance at paragraph 35 reflects this:

"However, it is accepted that generally in the disciplinary jurisdiction, there is no formal system of precedent and each case should be decided on its own facts and circumstances. In a recent case¹, Sharp LJ said: "I should add that decisions in this jurisdiction are of course fact sensitive, and I have not found the reference to the facts of other cases where lesser or different penalties were imposed to be of any assistance. As was observed in Law Society v Emeana and ors..., sentences imposed in this jurisdiction are not designed as precedents".

4. Notwithstanding the gravity of dishonesty cases, the DC Guidance also notes:

"The Privy Council has stated that a disciplinary committee should not feel bound to remove from the register:

'An otherwise competent and useful [practitioner] who presents no danger to the public in order to satisfy [public] demand for blame and punishment'".

5. As regards "public demand", and what the public interest requires, the "public" is submitted not to be a member of the public who has simply read a charge sheet and formed a view but it is a member of the public who has understood all the evidence, and read the detail of the Committee's considered findings.

Aggravating and Mitigating Features

6. Whilst it is accepted that the conduct involved dishonesty in that a veterinary prescription was written for medication intended for human consumption, the context

of that conduct was Dr Gurrin seeking to help ██████████ in continuing a course of medication properly prescribed to her by a specialist physician.

7. Mitigating factors include:

- a. The complete lack of artifice or sophistication in the drawing of a prescription and its presentation to the pharmacist – there was no attempt to invent an animal name, or a species, or any kind of elaboration or backstory if challenged on presentation, and in all the circumstances the use of the prescription was virtually bound to fail – as Dr Gurrin now appreciates having reflected on her conduct. As a result, the potential risk to Ms A never in fact arose.
- b. There was no financial or other personal gain to Dr Gurrin
- c. This was a single and isolated incident
- d. The decision to act as she did was taken by Dr Gurrin on the spur of the moment and without reflection, in circumstances where she was physically proximate to her practice and under a significant degree of personal stress arising from family circumstances
- e. No harm was caused or risked to any animal as a result of Dr Gurrin's actions
- f. Dr Gurrin has had a long and hitherto unblemished career
- g. Dr Gurrin contributes significantly to the wider community, including providing training, mentoring, and support to the next generation of veterinary practitioners
- h. Full admissions were made as to her conduct at the earliest possible opportunity – not simply her prompt admission to the charges, but acceptance of responsibility to the pharmacist, Ms Dooley, and to the College when initially contacted
- i. ██████████
- j. Remediation: ensuring there cannot and will not be a repeat of the circumstances in which the conduct occurred, through both reflection and additional training.
- k. A significant lapse of time since the incident took place
- l. Demonstration of insight into the offence and disgraceful conduct committed.
- m. Exceptional personal character references/testimonials

Personal Circumstances and Personal Mitigation

8. The conduct occurred due to Dr Gurrin's compassion for the circumstances of ■■■■■ who appeared distressed and anxious as a result of the situation she found herself in.

9. Nearly 18 months since the index event Dr Gurrin's career remains in jeopardy. Whilst Dr Gurrin fully accepts that she is entirely responsible for the situation she finds herself in, the Committee may properly have regard to her obvious distress at finding herself in jeopardy of losing her beloved profession.

10. That Dr Gurrin's clients and colleagues have continued to support her over this difficult period speaks to her professional skill and her character.

References and testimonials

11. The testimonials are submitted to provide an important insight into Dr Gurrin's character, as a person and a professional, and the extraordinarily high regard in which she is held by both clients and colleagues alike.

12. There is clear evidence from the testimonials presented that Dr Gurrin is not only an exceptional vet, but a dedicated professional who has nurtured a very strong team, in independent practice, in an area that benefits enormously from the service she provides.

13. Dr Gurrin's positive impact on the wider community can properly be taken into account in determining the proportionality of any sanction to her conduct.

Summary

14. It is respectfully submitted that the Committee's decision is not an easy one. The case of Dr Gurrin might be thought to be highly unusual, both in respect of the facts, and also in respect of Dr Gurrin's professional and personal circumstances.

15. The Committee's hands are not tied by any precedent. It is submitted that the unusual nature of the case and all of the above mitigation, may render a lesser sanction both just and appropriate.

Legal Advice

32. The Legal Assessor reminded the Committee that it should have regard to the public interest:
- a. The promotion and protection of health and welfare of animals and the protection of public health;
 - b. The promotion and maintenance of public confidence in the veterinary profession;
 - c. The promotion and maintenance of proper professional standards and conduct in the veterinary profession.

Further he referred to the purpose of sanctions as set out in paragraph 29 of the DC Guidance.

The purpose of imposing a disciplinary sanction upon a veterinary surgeon is not to punish him/her, though a sanction may well have a punitive effect. The purpose of sanctions is to protect the public and address the public interest. Where the Disciplinary Committee has found that a veterinary surgeon has fallen below the required standards, its task is to consider whether he or she may pose a risk to those who use veterinary services in the future and what steps are needed to protect the public. The Disciplinary Committee must also consider the wider public interest, which includes the maintenance of public confidence in the veterinary profession and the deterrent effect upon other registered veterinary surgeons.

He stated that the Committee should observe the principle of proportionality and take into account any aggravating and mitigating features when considering sanction. It should take account of the testimonial evidence.

Decision on Sanction

33. The Committee first considered whether there are aggravating or mitigating factors in the case. It determined that there are no aggravating factors beyond the allegation itself. As to mitigating factors, it found, by reference to paragraph 42 of the DC Guidance, the following to be present:
- a. The circumstances of the incident,
 - b. ...
 - c. No financial or personal gain

- d. Single and isolated incident
- e. Decision taken without the opportunity for full reflection
- f. ...
- g. A long and unblemished career
- h. Open and frank admissions at a very early stage, in particular to the pharmacists to whom the prescriptions were presented;
- i. ...
- j. Subsequent efforts to avoid a repetition of such behaviour and
- k. Subsequent efforts to remediate past misconduct by reference to the BSAVA Autumn Dispensing Course 2024. The Committee recognised that Dr Gurrin is undertaking this course to demonstrate that she has understood the gravity of her misconduct;
- l. ...
- m. Demonstration of insight into the offence or disgraceful conduct committed. The Committee was left in no doubt that Dr Gurrin has profound insight concerning her misconduct and the implications it may have on the wider public interest including the reputation of the profession. A measure of that insight is that she has been prepared to disclose to a whole range of persons what she did when she was asking for references, and thereby occasioned shame and embarrassment for herself.
- n. Personal character references. The Committee recognised that the number and nature of the references which Dr Gurrin collected represents a most eloquent testimony to her character, professionalism, diligence and personality. It was left in no doubt that she has been an exemplary member of the profession. The references also speak to the level of her current insight, and dwell on the fact that the referees retain complete confidence in Dr Gurrin notwithstanding the nature of the case.

34. The Committee noted that, when Dr Gurrin wrote the prescriptions, there was a degree of stress in her own household [REDACTED]. Moreover it was aware of the precise circumstances in which she chose to issue the prescriptions, in her mind to try to help Ms A. Those circumstances are detailed elsewhere in this determination. It also understood that Dr Gurrin's situation of living in the same place as her practice will have imposed significant extra pressures on her.
35. The Committee recognised that dishonesty committed by a veterinary surgeon is a very serious matter. However, it does understand that there is a scale of dishonesty. It accepted Ms Ritchie's submission about it as follows:

The complete lack of artifice or sophistication in the drawing of a prescription and its presentation to the pharmacist – there was no attempt to invent an animal name, or a species, or any kind of elaboration or backstory if challenged on presentation...

In the absence of there being any intention to seek personal gain, the Committee considered that the dishonesty was at the lower end of the scale.

36. The principle matter which the Committee must address in this case is the fact that Dr Gurrin wrote prescriptions for a human being when she was not entitled to do so, had no licence to do so and was not professionally competent to do so. The fact that she did so obliges the Committee to recognise that the sanction which it imposes must reflect its duty to promote and maintain public confidence in the veterinary profession and to promote and maintain proper professional standards and conduct in the profession.
37. The Committee is aware that a member of the public may be interested to understand how a Disciplinary Committee of the RCVS will approach a case such as this with its serious factual scenario. The Committee also recognises that that member of the public should be an informed member of the public, informed that is about the detail of the case and the reasons why Dr Gurrin prescribed medication [REDACTED] not just the headlines. That informed view should take account of the fact that Dr Gurrin continued an existing prescription for medication for Ms A; she did not initiate it or extend it; she sought to replenish the supply of medication, which had inadvertently been discarded, by reference to the prescription which she accurately understood Ms A originally received; she did so because she understood that there were likely to be implications for the ability of Ms A to start a family if she did not do so.
38. The Committee considered that the case was too serious to take no further action. It determined that it would be inappropriate to postpone judgement. This was not in fact a case where Dr Gurrin needed or needs to address any shortcoming of clinical knowledge or area of practice. She knows and knew at the time that a veterinary surgeon may not prescribe for human beings. There is, in fact, in the Committee's view, no ongoing danger to the public or risk to animal health in respect of Dr Gurrin's professionalism. Dr Gurrin has, as mentioned, demonstrated insight into her misconduct.

39. The Committee therefore turned to consider issuing a reprimand and / or warning. Dr Gurrin has, as mentioned, an exemplary practice and, as well, an exemplary attitude to her practice. She made a serious mistake. It was an isolated error, one which has not happened before and which this Committee is as confident as it can be, will not happen again. She has apologised and been arraigned before this Committee in respect of that error. On the other hand, the error was of the utmost seriousness.
40. As set out in the Guidance, a sanction in this jurisdiction is not meant to punish. The Committee has no business to make an example of Dr Gurrin. The Committee's task is to mark the disgraceful conduct in a professional respect with a sanction which will have meaning to the profession, for the profession and to the wider public knowing the circumstances of the case. The Committee has rarely seen a bundle of references to compare with that which has been presented on behalf of Dr Gurrin. It is enjoined to take those references into account, all of the referees being of course familiar with the misconduct which Dr Gurrin has committed. The referees are, as mentioned, from both clients and veterinary professionals.
41. The Committee has reached the conclusion that it is appropriate to impose a reprimand and a warning in this case. It would serve no purpose to impose a more severe sanction of a suspension and deprive Dr Gurrin's clients of her valuable service and to deprive Dr Gurrin of the opportunity to practise for however short a time. The Committee considered that it is right to recognise that this misconduct was an aberration in a fine career, which is not characteristic of this veterinary surgeon and which happened when she was off her guard and in circumstances when she was mistakenly trying to help another in what she thought was a safe way.
42. The Committee therefore decided, in the particular circumstances of this case, to impose a Reprimand and Warning on the basis that it would be proportionate in order to maintain public confidence in the profession and declare and uphold proper standards of conduct and behaviour. That Reprimand and Warning is as follows:

The Committee reprimands Dr Gurrin for her Disgraceful Conduct, which does not meet with the standards required of a veterinary surgeon. It risks bringing the profession into disrepute and it must not be repeated. The required standards are set out in the Code of Practice for Veterinary Surgeons issued by the College.

The Committee has also determined to issue a formal Warning to Dr Gurrin. The Committee warns that any repeat of this or similar behaviour in the future is likely to be regarded very seriously by the College and by any future Disciplinary Committee.

43. That completes this case.

Disciplinary Committee
1 October 2024