

**INQUIRY RE:**

**MISS DAYNA JOHNSON RVN**

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**DECISION OF THE DISCIPLINARY COMMITTEE**

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1. The Respondent came before the Committee, unrepresented, in relation to the following charges:

THAT, being registered in the Register of Veterinary Nurses:

*1. In relation to practice at Vets4Pets inside Pets at Home, Imperial Retail Park, Hartcliffe Way, Bristol, BS13 7TJ ("Vets4Pets"), on 1 December 2022, you:*

- a) Stole 5 millilitres of methadone, a Prescription Only Medicine and a Controlled Drug of Class A Schedule 2, from the stocks of Vets4Pets (in relation to which theft, on 10 July 2023, you accepted a police formal conditional caution);*
- b) Injected yourself with the said methadone;*
- c) Worked at Vets4Pets as a veterinary nurse whilst unfit to do;*

*2. Whilst in practice at Langford Small Animal Hospital, Langford House, Langford, Bristol, BS40 5DU ("Langford"), on 17 August 2023:*

- a) You took a syringe containing methadone from Langford, other than for legitimate veterinary purposes;*

- b) You injected yourself with the said methadone;*
- c) Your conduct in relation to 2(a) above was dishonest;*

*3. In relation to practice at Yatton Vets, 1-2 Pages Court, High Street, Yatton, North Somerset, BS49 4EG ("Yatton Vets"), you:*

- a) On 20 September 2023, removed methadone from a cupboard at Yatton Vets with the intention of self-administering that methadone;*
- b) On 26 September 2023, took gabapentin (a Prescription Only Medicine and Controlled Drug of Class C Schedule 3) and/or a medication other than that at charge 5 (buprenorphine), from the secured stocks of Yatton Vets, other than for legitimate veterinary purposes;*
- c) On 26 September 2023, injected yourself with buprenorphine, a Prescription Only Medicine and a Controlled Drug of Class C Schedule 3, whilst working at Yatton Vets as a veterinary nurse;*
- d) On 26 September 2023, worked at Yatton Vets as a veterinary nurse whilst unfit to do so;*
- e) Your conduct in relation 3(a) and/or 3(b) above was dishonest;*

*4. Whilst in practice at Bristol PDSA Pet Hospital, 556 Bath Road, Brislington, Bristol, BS4 3JZ ("PDSA"), on 24 November 2023, you:*

- a) Entered a note in the clinical records of a patient named Ayla to the effect that you had asked a veterinary surgeon for authorisation to give Ayla buprenorphine, when you had not done so;*
- b) Asked Lewis Thomas MRCVS to dispense a dose of buprenorphine ostensibly for Ayla, in circumstances when the buprenorphine was not in fact for legitimate veterinary purposes;*
- c) Told Lewis Thomas MRCVS that the said buprenorphine had been prescribed by Manolo Hervada-Gonzalez MRCVS, when it had not been so prescribed;*
- d) Told Holly Edmonds RVN that Faye Cockle had witnessed you administering the said buprenorphine to Ayla, when she had not done so;*
- e) Entered a note in Ayla's clinical records to the effect that Faye Cockle had witnessed you administering the said buprenorphine to Ayla, when she had not done so;*
- f) Took the said buprenorphine for the purposes of self-administration;*

*g) Your conduct in relation to 4(a) to (e) above was dishonest;*

*AND THAT in relation to the matters set out at 1, 2, 3 and 4 above, whether individually or in any combination, you are guilty of disgraceful conduct in a professional respect;*

*5. On 5 December 2023, at North Somerset Magistrates' Court, you were convicted, following a guilty plea, of the offence of theft by employee, namely that on 26 September 2023, you stole buprenorphine belonging to Yatton Vets, and in respect of this conviction, were sentenced to a fine of £120, surcharge of £48, and costs of £85;*

AND THAT it is alleged that the conviction at 5 above renders you unfit to practise as a veterinary nurse.

### **Admissions**

2. At the outset of the hearing the charges were read to the Respondent and she admitted all of the charges in their entirety.

### **Background Facts**

3. The charges against the Respondent relate to her taking controlled drugs from four practices where she was working at the time, for the purposes of self-administration, and working when unfit to do so. The practices were in Bristol and the surrounding area.
4. Charge 1 relates to the Respondent stealing 5ml of methadone on 1 December 2022 from her employer, Vets4Pets in Bristol, and injecting herself with the methadone. The police investigated the incident and on 10 July 2023 the Respondent accepted a conditional caution for the theft, the condition being she should attend a drug awareness course before 30 October 2023.
5. Charge 2 relates to the Respondent dishonestly taking a syringe of methadone on 17 August 2023 from her employer, the Langford Small Animal Hospital, and injecting herself with it.

6. Charge 3 relates to two dates in September 2023 when she dishonestly took methadone (20 September 2023), gabapentin and buprenorphine (26 September 2023) from Yatton Vets, her then employer, injecting herself with the buprenorphine and then working when unfit to do so. The Respondent was later convicted of theft in relation to the buprenorphine (Charge 5). She was given a fine.
7. Charge 4 relates to an incident on 24 November 2023, when the Respondent dishonestly took a syringe of buprenorphine from Bristol PDSA, for the purposes of self-administration, and was dishonest both to other members of staff and in the clinical records about the circumstances of taking the buprenorphine.
8. All the drugs in question are Prescription only Medicines and Controlled Drugs. Methadone is an opiate and is a Controlled Drug of Class A Schedule 2. Buprenorphine and gabapentin are Controlled Drugs of Class C, Schedule 3. All three drugs are associated with dependence and misuse.

#### Charge 1 – Vets4Pets inside Pets at Home

9. On Thursday 1 December 2022, the Respondent worked a single locum shift at Imperial Bristol Vets4Pets, which is situated inside a Pets at Home store in Bristol.
10. The practice had a locked dangerous drugs cabinet which only veterinary surgeons could access. The cabinet contained Controlled Drugs including methadone. The system was such that before surgery, a veterinary surgeon would take out from the cabinet all the drugs required for the operations, with assistance from a veterinary nurse. There was also a Controlled Drugs book, where the use of certain controlled drugs, including methadone, was recorded.
11. The veterinary surgeon who was due to operate on 1 December 2022 remembered that the Respondent showed her some filled syringes which had been prepared for surgery, and asked her to sign the Controlled Drugs book in front of her, which she did. Two of the syringes contained methadone, one 0.65ml and the other 0.63ml. The veterinary surgeon recalls that, after the drugs had all been prepared for the operations, the Respondent went to the lavatory. She did not return for a while and the veterinary surgeon started the surgery

with another veterinary nurse. It later transpired that the Respondent had taken with her a syringe filled with approximately 5ml of methadone, and had injected herself with it.

12. After a prolonged period another veterinary surgeon saw the Respondent come out of the lavatory, swaying. The Respondent was talking but not making much sense. When she was asked what was wrong, she said she was tired as she had just got back from a holiday. The veterinary surgeon said she did not think the Respondent was well enough to complete her shift, but the Respondent disagreed and said she wanted to do so. As she spoke, her speech became slurred. The Respondent was asked if she had taken any drugs, and she denied that she had done so. The veterinary surgeon noticed that the Respondent's eyes were rolling back and so she went to fetch other staff.
13. All of them thought the Respondent looked unwell. The witnesses describe her variously as swaying, slurring her words, squinting at lights, putting her face onto her arms on the desk in front of her, and lifting her head up then "*face planting*" it back onto the desk. She was again asked if she had taken any drugs and again she denied it, saying she was simply jet-lagged and tired.
14. All of them decided to call an ambulance. The Respondent objected, asking them not to do so.
15. The Respondent's condition deteriorated. She became unconscious. The members of staff placed her in the recovery position and checked her pockets. They found an empty syringe capped with a blue needle. They noted that her pulse and breathing were both erratic.
16. An ambulance arrived and the paramedic considered the Respondent's presentation to be consistent with having taken methadone so gave her Naloxone, an opioid-reversal agent. As a result, the Respondent quickly regained consciousness. The Paramedic asked if she had taken anything and she said she had taken 5ml of methadone, "iv" (intravenously). She told the paramedic that she had done so before and that she had previously had an opiate dependency, which she had been able to conceal. The Respondent was taken by ambulance to hospital.
17. Later that afternoon, the practice undertook an audit of drugs and 3.97ml of methadone was found to be missing.
18. The owner of the practice, reported the matter to the police on the same day (1 December 2022). On 2 December 2022, the practice reported the matter to the College. The College put on hold disciplinary proceedings pending the outcome of the police investigation.

19. On 4 May 2023, the Respondent was interviewed by the Police about what had happened at Vets4Pets. Initially, the Respondent denied taking any methadone, stating that her condition had been the result of a codeine overdose. She agreed that she had drawn up methadone into syringes that morning, as pre-medication for the treatment of patients but denied taking any for herself. She said that she had asked one of the other nurses to fetch the methadone so she could draw up syringes for patients. The Respondent told the police that she had gone to the lavatory shortly after drawing up the methadone, and that the ten to fifteen minutes that she had spent in there was to take more codeine.
20. When shown photographs of the syringe that had been found in her pocket, and when statements were read to her including from the Paramedic, she changed her account, saying, *"I have gotten to the point where I need to stop lying"*. She then admitted that she had taken methadone for herself and injected herself with it in the lavatory. She stated that she had previously had a problem with codeine but had been, *"clean for a very long time."* She said she *"just fell apart that night"* and had taken an overdose. When asked if she was a habitual drug user she said, *"not any more,"* telling the officers that she had received *"a lot of help from doctors"* and was about to start therapy soon. At the conclusion of the interview, she admitted stealing methadone from Vets4Pets.
21. On 10 July 2023, the Respondent accepted a conditional caution in relation to the theft from Vets4Pets. The condition was to attend a drug awareness course by 30 October 2023.
22. In November 2023, the police confirmed and sent a copy of the conditional caution to the College.

#### Charge 2 – Langford Small Animal Hospital

23. At the time of the Police interview on 4 May 2023, the Respondent was working as an RVN at the Langford Small Animal Hospital. She worked there between February 2023 and August 2023, as what was described as a "Ninja nurse," allocated to various departments within the hospital depending on demand. The hospital had a number of dangerous drugs cupboards which it used to store controlled drugs such as methadone. The cupboards were locked and there were protocols in place in relation to who could access them.
24. On Thursday 17 August 2023, the Respondent was on duty at the hospital. Also working that day was an anaesthesia RVN who had drawn up syringes containing medication for

surgery. This included a syringe of 0.26ml of methadone (labelled as such), a syringe of Alfaxalone (an induction agent) and a syringe of saline. When patient was taken into theatre the three syringes were placed on a workstation near to the anaesthesia machine.

25. The anaesthesia RVN explained that there were no other surgeries taking place that day, and that there were approximately fifteen people in theatre at the time, including the Respondent. As a Ninja nurse, the Respondent would not be required during the surgery.
  
26. The other RVN noticed that the syringe of methadone was missing from where she had placed it. The two other syringes were still present. She asked whether anyone in the room had moved the syringe, and started to look under the anaesthesia machine and the surrounding area. She could not find it and looked around the room, to take stock as to who was there. She noticed that the Respondent was no longer present, and so went out into the corridor. Less than a minute after she had gone into the corridor, she saw the Respondent come out of the next-door theatre (Theatre 5). There was no surgery taking place or due to take place in that theatre. The Respondent had her hands in her pockets, and walked past the RVN, back into Theatre 4. The RVN stayed at the doors to Theatre 4 and watched the Respondent carefully. She saw the Respondent walk over to the anaesthesia machine, take out a syringe from her pocket and place it on the work station. She then saw the Respondent look around the room, before gently and deliberately knocking the syringe to the floor and picking it up again.
  
27. The other RVN immediately went over and took the syringe. She noticed that the label was the same as the one she had printed for the methadone, and that the syringe was full of a clear liquid, albeit slightly bubbly. She took the syringe away, telling colleagues that they should draw up another dose of methadone if required. She reported the incident, disposing of the syringe.
  
28. She also went back into the theatre and noticed that the Respondent's behaviour had changed and she now seemed "*disinhibited and unconnected from the room*", disclosing inappropriate personal details in the operating theatre to others.
  
29. The practice reported these matters to the College on 9 November 2023.

### Charges 3 and 5 – Yatton Vets

30. Shortly after the incident at Langford, the Respondent worked for two days at Yatton Vets. The practice had advertised for a new RVN and had interviewed the Respondent. On Wednesday 20 September 2023, the Respondent attended the practice for a trial shift. The practice's plan was to offer her the position if the trial went well.
  
31. The practice kept the Controlled Drugs in a locked dangerous drugs cupboard in the Prep. room. One of the two owner veterinary surgeons and the Head Nurse each had keys to the cupboard. A third key was kept inside another cupboard in the Prep. room, in a key lock. The key lock was opened using a four digit code. All veterinary surgeons, RVNs and student veterinary nurses who were permanent members of staff had the code to the key lock.
  
32. On 20 September 2023, one of the two owner veterinary surgeons offered the Respondent the permanent position and she accepted it. The Respondent asked specifically about the Controlled Drugs cupboard, including which drugs the practice recorded. The Respondent was told that they did not record the use of buprenorphine.
  
33. Later on that day, another RVN and the Respondent were in the Prep. room. The Respondent looked into cupboards and drawers, before asking the other RVN for the code to the key lock. The CCTV shows that during the time the other RVN was out of the room, the Respondent took medication from the controlled drugs cabinet and concealed it in her clothing. The Respondent later admitted to the police that she had taken methadone.
  
34. At the time, nobody had noticed the Respondent take the methadone. She was therefore asked to start the permanent role on 9 October 2023. As a result of staff shortages the Respondent started work on 26 September 2023.
  
35. On Tuesday 26 September 2023, the Respondent assisted a veterinary surgeon, who was performing dental surgery on a Spaniel. The Respondent assisted the veterinary surgeon with the surgery, along with a student veterinary nurse. A work experience student was also present.



36. The Respondent was sweating profusely that morning. Subsequent CCTV footage confirms that the Respondent was wiping her face shortly after coming into the building.
37. Later analysis of the CCTV footage shows that the Respondent went into the Prep. Room when there was nobody else around and took controlled drugs. The Respondent was later seen to open the cupboard again, reach in and take out two boxes of gabapentin, putting those into her pocket. The CCTV footage then shows that a few minutes later, the Respondent went up to the first floor and into the lavatory, staying there for about eight minutes. The CCTV shows her going back into the Prep. Room and heading over to the bins including a "SULO" bin (a bin designed for empty glass medicine bottles). The CCTV shows her placing something in one of the bins. Later that same day, an empty bottle of buprenorphine was discovered in the "SULO" bin, which was not accounted for by other use at the practice.
38. The CCTV also shows that the Respondent admitted the Spaniel after speaking to its owner and going through a form with her. She appears to be sweating as she does so, can be seen taking the Spaniel into the Prep. room, wiping her face with a piece of tissue as she does so.
39. The operating veterinary surgeon recalled that pre-medication (methadone ACP/ acepromazine maleate) was administered to the Spaniel. The Respondent then said she would go upstairs to fetch a drink of water. She was gone for about five to ten minutes.
40. When the Respondent returned, the veterinary surgeon asked if she would monitor the anaesthetic and teach the student RVN. The Respondent seemed reluctant. When monitoring a patient's anaesthesia, a nurse should take and record routine checks every five minutes in relation to heart rate, respiratory rate, temperature, jaw tone, eye position and oxygen saturation. They should also check and record blood pressure every fifteen minutes. This is to ensure that the patient is still under the influence of the anaesthetic and to monitor their condition.

41. The surgery started and the operating veterinary surgeon noticed that the Respondent was sweating profusely. She also asked the veterinary surgeon to repeat herself on a number of occasions. The veterinary surgeon asked the Respondent if she was all right and she replied that she was fine, saying that she was tired and had not got much sleep the night before, as she had been nervous about starting the job.
42. The Respondent's condition deteriorated, to the extent that she appeared to fall asleep standing up. When the operating veterinary surgeon spoke to her she jumped as if she had been startled awake, asking her to repeat what she had said. The Respondent's eyes were half-closed. This continued for approximately ten to twenty minutes, and her condition appeared to get worse. She was attempting to write on the anaesthetic record, but was doing so very slowly and sometimes her pen was not touching the paper.
43. The veterinary surgeon asked the student RVN to make checks on the Spaniel and was concerned that his reports differed from those of the Respondent. The Respondent asked the veterinary surgeon for a new anaesthetic chart as she had "*made a mess*" of the first one.
44. The Respondent's condition deteriorated further, to the point where she was almost leaning on the Spaniel, asleep. The veterinary surgeon reported to other staff how the Respondent had been acting strangely, appearing to fall asleep.
45. They too noticed that the Respondent appeared to be falling asleep over the patient, They saw that the Respondent was supposed to be monitoring the anaesthetic, but that she was hunched over the patient and her eyes were almost closed. The Respondent was told to go and have a break. The Respondent tried to insist that she was fine to keep working, but they told her she should not, and so she left to go to the kitchen.
46. The anaesthetic form that the Respondent had completed was illegible.
47. One of the veterinary surgeon's went to the kitchen to see the Respondent and noted that her eyes were glazed over, she was slurring her words and she seemed distant.

48. One of the veterinary surgeons also raised further concerns about the Spaniel. These included the amount of Zinacef (an antibiotic) that the Respondent had apparently given him: it was too much, although this is unlikely to have caused him harm. They also included the fact that the Spaniel appeared to be hypothermic despite the Respondent having reported that his temperature was normal. In addition, there were discrepancies between the heart rate readings taken by the Respondent and those taken by the student RVN. When the readings were checked the readings were consistent with that of the student RVN not the Respondent's.
49. The Respondent was still in the kitchen sweating, dazed, confused and distant. She was shown the anaesthetic form. The Respondent was very apologetic. She said that she had not slept well and that it had been her birthday the night before. The Respondent was asked if she had taken anything [REDACTED]. The Respondent was holding the Spaniel's anaesthetic form, but she had torn it in half. The veterinary surgeon took the ripped form from her and asked the Respondent to leave for lunch.
50. An hour and a half later, the Respondent returned. Her demeanour had slightly improved, but she was still slurring her words and appeared dazed, sweaty and sluggish. She appeared slightly manic, as though she was trying to stay awake but could not do so. All surgeries had been completed and the Respondent undertook cleaning duties and supervised work in the Prep. Room. When watched the Respondent cleaning a dental machine she appeared to be falling over it.
51. That evening, an audit of the practice's Controlled Drugs was undertaken. It was found that 10ml of buprenorphine was missing and unaccounted for. The "SULO" bin and was checked and found on top of a number of boxes, was an empty bottle of buprenorphine 10ml. The audit found that there had been no call for buprenorphine between 19 and 26 September 2023, other than 0.64ml used for an outpatient on 26 September 2023, which had been drawn up from a bottle other than the one found in the bin.
52. The Respondent was due to come into the practice to work on 27 September 2023 but she was told not to do so, and her job offer was rescinded. The Respondent emailed the

practice in the morning of 27 September 2023, apologising for her behaviour the previous day and offering character references.

53. On 27 September 2023, a second audit was carried out and it was discovered that, in addition to the 10ml of buprenorphine, the stocks were missing 100 tablets of 100mg gabapentin and 116 tablets of 300mg gabapentin. Later that same day, the Practice reported the matter to the Police and to the College.
54. On 21 October 2023, the Police interviewed the Respondent about what had happened at Yatton Vets. At the beginning of the interview, the Respondent provided a written statement admitting that she had taken buprenorphine from Yatton Vets. She read it aloud to the officers. It stated that on 26 September 2023 she had taken 10ml of intravenous buprenorphine. She apologised and said she had attended two "SMART" meetings a week, had two sponsors in the "*medical industry*," had downloaded a "*I am sober*" app which she worked on daily. She said that she was about to begin therapy. She said she had been freelancing for the PDSA and there had been "*no incidents with dangerous drugs there, not even temptations*". She stated that since 26 September 2023 she had been "*completely sober and a positive member of the community*." She stated "*I KNOW i will NEVER do anything like this again*".
55. When asked further questions during the interview, the Respondent continued to admit taking 10ml of buprenorphine from the Controlled Drugs cabinet, having previously asked for the access code, and injecting herself with drugs in the toilet. When asked whether it had affected her ability to care for patients she said, "*in some ways yeah but then I was fine for the rest of the day....I was allowed to work for the rest of the day.*".
56. She was asked about the missing gabapentin and said she had not taken this. When the interviewing officer said they would like to show her some CCTV footage, the Respondent said that she did not need to see it, as she knew they were going to show her footage from the 20 September of "*me taking something out...and then me putting something back*". She said that it had not been gabapentin that she had taken, but methadone. She said she had taken it out of the cupboard and taken it to the toilet, but had then talked herself out of using it and had put it back. She said she had not used drugs for a very long time.

She acknowledged the incident in December 2022 which had led to the conditional caution and when asked whether she struggled with addiction she replied, “*no comment*”.

57. The police prosecuted the Respondent and, on 5 December 2023, she pleaded guilty to and was convicted of theft of buprenorphine on 26 September 2023 (certificate of conviction). She was fined £120 and ordered to pay costs.

58. The practice reported the matters to the College and police in September 2023. The College’s investigation was put on hold until the outcome of the police investigation was confirmed.

#### Charge 4 - Bristol PDSA.

59. By the time of the police interview regarding the incident at Yatton Vets, the Respondent had started working as a locum veterinary nurse at the Bristol PDSA. She worked shifts during October 2023 and November 2023.

60. On 24 November 2023, approximately a month after the police interview, the Respondent was found taking a syringe of buprenorphine from the PDSA.

61. One of the veterinary surgeons at the PDSA, was taking consultations that afternoon. He went to the Controlled Drugs locker to fetch medication for a euthanasia. Whilst he was there, the Respondent approached him and asked if she could have some methadone for a Bichon Frise having an orthopaedic procedure and some buprenorphine for Ayla, a Spaniel having a lumpectomy. The PDSA protocols were such that any individual needed a witness both to draw up and to administer these medications. The Respondent told the veterinary surgeon that she would ask a Veterinary Care Assistant, to witness her administering the medication to the patients. None of this was true.

62. The veterinary surgeon therefore drew up the medication requested and gave it to the Respondent.

63. After the veterinary surgeon had finished with the euthanasia, he went to the kennels and saw the Respondent with the Veterinary Care Assistant, giving the methadone to the Bichon Frise. The veterinary surgeon looked at the patient’s hospital sheet and saw that methadone was duly recorded as a medication to be given. He then looked for Ayla’s hospital sheet but could not find it. There were some forms on her kennel which he read through, but could find no reference to buprenorphine. He saw that Ayla had no catheter

in place. The Respondent had left the kennels by this time and so the veterinary surgeon went to find her. She was working on a computer in the Prep. room and he asked her how she had administered the buprenorphine to Ayla without a catheter in place. She replied that she had given it by intramuscular injection. He asked who had authorised it and she hesitated and did not answer clearly. She fidgeted and stumbled over her words, telling him that it had been another veterinary surgeon and she named the veterinary surgeon. . This was checked and it was discovered that the veterinary surgeon had not authorised the buprenorphine, knew nothing about the Spaniel and had not been involved in its surgery.

64. Another RVN who was in charge of Ayla's care that afternoon confirmed that the patient did not require a top-up of pain relief, and that she had not been involved in the prescription or administration of the buprenorphine.

65. The veterinary surgeon reported his concerns to the Vet Nurse Team Leader, who spoke to the Veterinary Care Assistant and she said she had not witnessed the Respondent give buprenorphine to Ayla and had known nothing about this patient at the time the injection had apparently been given.

66. The Respondent, was questioned and in a written statement she claimed that she was going to discharge Ayla and had decided to give her buprenorphine to go home with. She said she was going to approach a veterinary surgeon but instead of asking permission she "*jumped to asking for it to be drawn up*" and had therefore asked for one of them to draw up buprenorphine as well as methadone. She said she had given the buprenorphine to Ayla whilst the Veterinary Care Assistant was in a kennel opposite. She stated that when veterinary surgeon had later asked her about the buprenorphine she was "*distracted by entering the details and making sure I had entered them correctly... Once I was called into the office and went over my story I realised my mistake.*" She continued:

*"I realise my huge mistake and would like to apologise profusely to all staff. If I made anyone uncomfortable or concerned I am very sorry. I would never mean to neglect a patient or endanger them. I have never made a mistake like this before and have always been supported by the PDSA."*

67. The practice reported these matters to the College on 15 January 2024 although it had raised some of its concerns about the Respondent to the College earlier.

## The Respondent's comments to the College

68. Once all the above matters had been reported to the College and the criminal proceedings had finished, the College wrote to the Respondent asking for her comments. She replied by letter dated 20 February 2024, stating as follows:

*"Firstly, can i preface this letter with my deepest apologies to the RCVS, the people who have expressed comments and concerns plus anyone else my actions have affected in the veterinary profession.*

*Whilst I have found it difficult to read any additional comments and concerns, ....., I am positive that any other comments and concerns are justified and honest. Please do not think that my lack of actively reading the committee's investigation reports means I do not care. I feel incredibly ashamed and do not feel that my participation will affect the outcome that is necessary.*

*I would also like to make it clear that I take full responsibility for my actions. I believe that ....original report to the RCVS was the best outcome for the situation....*

*I expressed in a previous email to [the RCVS] that I would like to resign from the register. I would like to ask formally for you to consider my resignation on the 5th March. Since leaving the profession I have been able to seek help and make a huge recovery. Although I am incredibly sad and regretful that I may lose my registration, I feel it is best for patients, clients, veterinary professionals and myself. So committee members, would you please consider my resignation in place of being struck off the RCVS register or progressing to the next stage."*

69. On 30 October 2024, the Respondent was sent copies of the statements that had been taken on behalf of the College. The Respondent replied on the same day with a statement, in which she stated:

*"I have not and will not be reading any statements obtained from involved parties as I feel their comments will be fair and my reading them will not change the outcome of this investigation. I do not want to diminish their views and experiences by any comments I may have and I do not feel it is helpful for myself to go over a very stressful and dark time in my career. This does not mean I am flippant or disagreeable about this investigation, quite the opposite and I do not want to deny any wrong doing that I*

*have done. I have tried to use this experience to learn and improve in every aspect of my career and life.*

*While I do not want to defend my position as I take full responsibility for my actions, I would like to explain how I have learnt from this experience and give some context to my behaviour.*

*I would also like to retract my previous want to resign from the register but will accept any outcome to this investigation with respect to the RCVS and anyone involved. So I will explain how I would like to use these experiences for good and give back to the RCVS as reparations”.*

70. On 17 December 2024, the RVN Preliminary Investigation Committee referred this matter to the RVN Disciplinary Committee.

71. The College showed the Committee extracts from CCTV relating to charges 3 and 5. The Respondent asked to not be present when the Committee watched the CCTV as she said it was a very ‘dark time’ for her. The Committee acceded to her application but watched the CCTV extracts in her absence.

### **The Committee’s decision on Facts**

72. The Committee noted that the Respondent had admitted all of the charges.

73. Having reviewed all of the evidence the Committee and the Respondent’s admissions the Committee decided that each of the charges were proved so that it was sure. It therefore decided that Charge 1(a),(b) (c), Charge 2(a)(b)(c), Charge 3(a)(b)(c)(d)(e), Charge 4 (a)(b)(c)(d)(e)(f)(g) and Charge 5 were all proven.

### **Summary of the College’s submissions on disgraceful conduct and unfitness to practise.**

74. The College submits that the facts underlying charges 1 to 4 amount to disgraceful conduct in a professional respect and that the conviction at charge 5 renders the Respondent unfit to practise as a veterinary nurse.

75. The College submits that the Respondent has directly breached three of the most fundamental tenets of the profession: the promotion of animal welfare, the responsible use



of drugs and behaving with honesty and integrity. It is also submitted that she breached the trust of her employer and risked placing her colleagues under suspicion regarding dishonestly taking the drugs.

76. The College submitted it was significant that the conduct was sustained and repeated: it took place at four different practices over the period of approximately one year, it involved three different controlled drugs and it took place on five separate occasions.
77. The drugs in question were all controlled drugs, and of a type which are associated with misuse and dependency.
78. The conduct took place repeatedly despite intervention, warnings and promises that it would not happen again. The Police conditional caution relating to the Respondent's conduct at Vets4Pets was given in July 2023, shortly before she then committed similar conduct at Langford Small Animal Hospital (August 2023), Yatton Vets (September 2023) and the Bristol PDSA (November 2023). She was interviewed by Police regarding the incident at Yatton Vets in October 2023, telling them in a written statement, "*I KNOW i will NEVER do anything like this again,*" yet went on to do something very similar at the PDSA only a matter of weeks later in November 2023.
79. Animal welfare lies at the heart of the profession for Veterinary Nurses, and is one of the key factors set out at the beginning of the Code of Professional Conduct for Veterinary Nurses ("the Code"), both in the declaration and the introduction outlining the principles of practice:

*"Rights and responsibilities go hand in hand. For this reason, on registration with the RCVS, and in exchange for the right to practise veterinary nursing in the UK, every registered veterinary nurse makes a declaration, which, since 1 April 2012, has been:*

*I PROMISE AND SOLEMNLY DECLARE that I will pursue the work of my profession with integrity and accept my responsibilities to the public, my clients, the profession and the Royal College of Veterinary Surgeons, and that, ABOVE ALL, my constant endeavour will be to ensure the health and welfare of animals committed to my care.*

*Veterinary nurses seek to ensure the health and welfare of animals committed to their care and to fulfil their professional responsibilities, by maintaining five principles of practice...."*

80. The Code itself then starts with a requirement that:

*“1.1 Veterinary nurses must make animal health and welfare their first consideration when attending to animals.”*

81. The Respondent's conduct in attending work and practising as a veterinary nurse when unfit to do so (Charges 1(c) and 3(d)) risked harm to the animals under her care.
82. In particular, in relation to charge 3(d), the Respondent placed the Spaniel undergoing the dental procedure at Yatton Vets, in a position of danger. She was responsible for monitoring him whilst he was anaesthetised, and it is clear that she was incapable of doing so, as she kept falling asleep over him. Her clinical observations were either inaccurate or illegible - or both - as a result of her intoxication.
83. The Spaniel's temperature was *“very low”* when the Respondent had said it was normal, and the operating veterinary surgeon therefore had to ask the other RVN to take over from the Respondent and warm up the dog. The veterinary surgeon was worried about the Spaniel because he was so cold and he was thirteen years old (which is old for a dog).
84. In addition, the Respondent's conduct at Langford Small Animal Hospital (Charge 2) had a potentially adverse impact on animal welfare. She took a syringe of methadone which was intended as a rescue dose, the Cocker Spaniel undergoing arthroscopy surgery, and injected herself with it instead. She then replaced the syringe in the theatre, filled with a liquid other than the methadone which she had just injected. Had another RVN not seen her put the syringe back on the workstation, it could have been used to inject the Cocker Spaniel in the belief that it would provide the animal with pain relief, when in fact it no longer contained the methadone that had been prepared for the surgery.
85. Animal welfare issues also arise in relation to Charge 4. Recording that Ayla had been given buprenorphine when she had not, risked the Spaniel receiving inadequate pain relief. It is right to say that another RVN has stated that she did not consider that Ayla needed any more pain relief that afternoon. If, however, anyone else making a clinical assessment, for example around the time of discharge, had referred to the clinical records, they would have been under the false impression that Ayla had already been given buprenorphine and therefore would not require anything similar for some time.
86. The owners of animals leaving them at veterinary practices for procedures were entitled to expect that their pets would be looked after with care and professionalism. The College submitted that the Respondent's conduct represented a serious breach of that trust. Her behaviour posed a grave risk to the animals entrusted to her care.

87. Veterinary nurses, by virtue of their professional position, are also entrusted with access to a range of medication including Controlled Drugs.

88. The Code of Professional Conduct for Veterinary Nurses (“the Code”) provides:

*“1.5 Veterinary nurses who supply and administer medicines must do so responsibly.”*

89. There is also a separate section (part 4) of the Supporting Guidance to the Code, which emphasises the importance of care with regards to medicines.

90. The College submitted that the conduct of the Respondent represented a serious abuse of the trust placed in her by virtue of her professional position as a veterinary nurse. It also represented an abuse of the trust placed in her by her various employers. It risked the practices in question being held responsible for inaccurate records and stock levels of Controlled Drugs, and also risked suspicion falling on colleagues with regards to taking the drugs.

91. The Code provides that one of the five key principles that must be maintained by registrants is *“honesty and integrity”*.

92. The College invited the Committee to consider that the dishonest conduct in this case related directly to the Respondent’s professional life, as she took the various drugs from her employers. The College submitted that this represented a serious abuse of trust.

93. The Code also provides that:

*“6.5 Veterinary nurses 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.”*

94. The College submitted that members of the public would be deeply concerned to learn that a Registered Veterinary Nurse had repeatedly taken Controlled Drugs from her employers and administered them to herself whilst at work, with an inherent risk to the patients being treated at the practices in question. The reputation of the profession would be undermined, as would public confidence in the profession.

95. In relation to aggravating factors, the College submitted that the relevant aggravating factors in this case include the following:

- b. Risk of injury to an animal or human
- e. Premeditated misconduct (for example obtaining keys/codes to the Controlled Drugs Cabinet)
- m. Abuse of professional position
- n. Conduct exacerbated by drug or alcohol misuse
- o. Misconduct sustained or repeated over a period of time
- p. Conduct contravening advice issued by the RCVS, including the Preliminary Investigation Committee and Professional Conduct Department, or other appropriate authority (here the police conditional caution).

96. In addition to the above, the College submitted that breach of trust and the risk of suspicion falling on colleagues are also relevant aggravating factors.

97. The College submitted the conduct in Charges 1 to 4 amounts to disgraceful conduct in a professional respect and the nature and circumstances of the offence leading to the conviction render her unfit to practise as a veterinary nurse.

98. For Charge 5, the College asked the Committee to find the Respondent was unfit to practise as a veterinary nurse on the basis of the nature and circumstances of the offence which led to the conviction for theft of buprenorphine, a controlled drug, from the practice where she was working as a veterinary nurse.

99. The College submitted that the nature and circumstances of the offence represent serious breaches of the Respondent's professional responsibilities and the conviction therefore renders her unfit to practise as a veterinary nurse.

100. The Respondent made no submissions on disgraceful conduct or unfitness to practise.

**The Committee's decision on disgraceful conduct and unfitness to practise.**

101. The Committee noted that with regards to charges 1 to 4, the Respondent's conduct involved theft and dishonesty in respect of controlled Class A and Class C drugs. Her conduct in injecting herself with controlled drugs also rendered her incapable of carrying out her professional responsibilities as a veterinary nurse. After she had injected herself she had put animals at risk of harm. She had also continued to repeat similar conduct despite the intervention of the police and her employers who terminated her employment. In respect of charge 4, her conduct included lying about colleagues approving the administration of controlled drugs so she could use the drugs for herself. In doing so she also substituted pain relieving medication for an alternative liquid which was only known by her. This would have had a significant effect on animal welfare as an animal that was meant to be receiving pain relieving medication may not have received it had other colleagues not identified what the Respondent had done at the time.
102. The Committee having watched the CCTV extracts provided to it in relation to charge 4, found the Respondent's conduct to be premeditated. She was seen sweating profusely from the start of her shift and she was seen taking controlled drugs surreptitiously on two occasions. She was also seen falling asleep during an operation over an animal. The Committee found this behaviour to be extremely serious. Her falsification of clinical records also indicated her disregard for the fundamental principles of the Code of Practice at the time.
103. The Committee also found that the Respondent's behaviour in relation to each charge (1 to 4) created a serious risk to the welfare of more than one animal. In doing so she had also breached client trust in veterinary nurses and in the veterinary profession as a whole. The Committee decided that this also undermined the reputation of the profession and public confidence in the profession.
104. The Committee noted that the Respondent had also been dishonest in respect of each of charges 1 to 4 on four separate occasions and that her behaviour was a breach of trust and an abuse of her position as a RVN. The Committee further noted that the Respondent had breached the trust of four separate employers with regards to her access to controlled drugs. She had also risked jeopardising the position and reputation of her colleagues by allowing them to be under suspicion since she had not immediately admitted to her employers or later to the police what she had done when confronted. Her breach of trust and the risk of suspicion falling on colleagues the Committee found were also relevant aggravating factors.

105. The Committee noted that the repetition of similar conduct was also a matter that would be considered deplorable by the public because at no point did the Respondent during the 11 months stop working as an RVN and address her addiction to controlled drugs.

106. The Committee found the following aggravating factors in relation to the Respondent's conduct as set out in the Disciplinary Committee's Sanctions Guidance ("DCSG"):

b. Risk of injury to an animal or human

d. Recklessness in carrying on working despite the risks to animals and colleagues

e. Premeditated misconduct (for example obtaining keys/codes to the Controlled Drugs Cabinet)

m. Abuse of professional position

o. Misconduct sustained or repeated over a period of time

p. Conduct contravening advice issued by the RCVS, including the Preliminary Investigation Committee and Professional Conduct Department, or other appropriate authority (here the police conditional caution).

107. In addition, the Committee found that the Respondent's conduct was sustained and repeated over a period of 11 months from December 2022 until November 2023 and it continued despite a police investigation early on in relation to charge 1. The Committee found that the Respondent's conduct also involved an element of premeditation on each occasion. The fact that she had worked as a locum RVN or a 'ninja' RVN meant it was potentially easier for her misconduct to go undetected.

108. The Committee identified no mitigating factors in respect of the Respondent's conduct.

109. The Committee therefore concluded that for each of the charges individually the Respondent's behaviour fell far short of the conduct expected of a member of the profession and that each of charges 1-4 amounted to disgraceful conduct in a professional respect.

110. In relation to Charge 5, the nature and circumstances of the offence involved dishonesty, an abuse of the Respondent's professional position with regarding access to controlled drugs, breach of her employer's trust and the misconduct took place

notwithstanding an investigation by the police for similar conduct in December 2022. The Committee therefore concluded that charge 5 rendered the Respondent unfit to practise.

### **Summary of the Respondent's submissions on Sanction**

111. The Respondent asked the Committee to sanction her by way of a 'suspension' instead of 'removal' from the register. She gave evidence and answered questions.

112. She also submitted a bundle of evidence to the Committee which contained the following:

- a signed voluntary agreement to work with Vetlife in November 2024
  - [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- Occupational Health report at the time of her employment with Langford Vets dated July 2023
- a reference from a SMART (Self-management and recovery training) facilitator
- a reference from a veterinary surgeon dated January 2025 about working with the Respondent from 2017 to 2020
- a reference from an RVN colleague dated January 2025 about working with the Respondent between August 2016 to March 2019 when the Respondent was a student
  - [REDACTED]
  - [REDACTED]
- a statement from the Respondent
- a personal reference, dated February 2025, from a friend who had worked with the Respondent between March 2024 and January 2025 in a Healthcare Services company

113. The Respondent called a character reference from SMART (a self-management and recovery training facilitator) who confirmed that on average the Respondent had been attending meetings once a month over the last 12-18 months. He said the Respondent had engaged actively in her recovery from drug addiction and with her underlying problems. He said he believed she was no longer misusing substances. He said he

believed she had begun misusing substances [REDACTED]  
[REDACTED] He said he was aware of the extent of the charges and that he had seen the charge sheet a week ago.

114. The personal reference, dated February 2025 provided by the Respondent indicated that she had most recently 'resigned' in January 2025 from her job in a Healthcare Services company.

115. The College had checked the reference with the Healthcare Services company where the Respondent had been working and it had confirmed that the reference by the friend was a personal reference. The Respondent had been training for a shift manager role, a position which would entail access to controlled drugs under supervision. The company said that the Respondent had not resigned but that she had been dismissed due to gross misconduct, following an investigation which was launched regarding some codeine tablets that were missing. The Respondent was said to have been seen on CCTV accessing a controlled drugs cupboard unauthorised and unaccompanied in December 2024.

116. There was also some dispute between the Respondent and this previous employer about the extent of her disclosure of her previous conviction.

117. The Respondent gave evidence and she formally apologised to the College, employers and colleagues in the veterinary practices where she had worked. She asked the Committee to sanction her more leniently by way of 'suspension' because [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

118. She told the Committee that she was willing to undergo regular drug testing and that she was willing to do so at her own cost in order to maintain her registration as a veterinary nurse. She said that she was addressing the root causes of her drug addiction. She said she believed she was a different person now following her recovery and treatment for her drug addiction. She told the Committee she was very shameful and remorseful about the charges. She said she was aware of the seriousness of the charges and that she was willing to comply with any conditions that the Committee considered it could impose. The Respondent said she had been drug free and had not had any relapses since December 2023.



119. The Respondent denied taking any drugs from the Healthcare Services company.

120. The Respondent said she had been involved in NHS Talking Therapy since December 2024 and that she was booked to continue this until May 2025. She said she had done three sessions of employment support therapy. [REDACTED]  
[REDACTED]  
[REDACTED]

121. The Respondent said she had not previously told Occupational Health for the report for Langford veterinary practice about her conditional caution when she had seen them in July 2023. She also said she had taken drugs in November 2023 even though she had begun attending SMART meetings. She agreed she had not seen a doctor regarding her previous drug addiction. She acknowledged that she had previously apologised to employers and said she would not take drugs again and yet she had done so (during the time period with which the charges were concerned). The Respondent said she would like to help others with substance misuse problems in the veterinary profession in the future.

#### **The Committee's decision on sanction**

122. The Committee considered carefully the DCSG. It noted that the dishonesty proved related to the Respondent both stealing Controlled Drugs but also falsifying clinical records to cover up the theft of Controlled Drugs. The dishonesty overall had also lasted 11 months and had not stopped despite her previous apologies and even after she had been cautioned by the police.

123. The Committee assessed the Respondent's insight. It found that she had limited and inadequate insight at this point in time. She had also not yet demonstrated that she could work in a healthcare setting without any incident because she had accepted she had been recently dismissed from her job due to '*reasonable probability*' that she had removed Controlled Drugs without authorisation. The Committee was not persuaded that the Respondent had made a full or complete recovery from her addiction because although she had engaged in SMART meetings and therapy, this had been for a relatively short period of time. She had also since then placed herself in a vulnerable position by accepting and training for a role where she would be able to access controlled drugs. This being the role which she had subsequently been dismissed from.

124. The Committee did not find any further aggravating factors. It took into account the following mitigating factors:

- There was no previous disciplinary findings
- Her criminal conviction was now a spent conviction
- Her misconduct appeared to be as a result of her drug addiction at the time
- [REDACTED]
- [REDACTED]
- She had made some efforts to avoid repetition by engaging with SMART meetings and talking therapies.
- She said she had been drug-free since December 2023

125. The Committee decided that the public interest and seriousness of the charges required that the Committee impose a sanction and that this was not an appropriate case for 'no further action'.

126. The Committee decided that because the Respondent had been found unfit to practise due to her conviction and since she had been found guilty of disgraceful conduct in a professional respect for each of the charges 1 to 4, this was an inappropriate case to consider postponement of judgement. It noted that neither the College or the Respondent had invited it to postpone judgement.

127. The Committee went on to consider whether the Respondent should be sanctioned by a 'warning' and/or a 'reprimand'. The Committee decided that the matters found proved cumulatively were so serious that these sanctions would be inappropriate and would not address the public interest or reflect the seriousness of the charges in that the Respondent had been found dishonest on four occasions both in respect of Controlled Drugs and on one occasion regarding clinical records.

128. The Committee went on to consider the sanction of 'suspension' noting the Respondent had asked the Committee to sanction her by way of suspension. The Committee referred to the DCSG and noted that it said that suspension maybe appropriate where some or all of the following apply

- "a) The misconduct is serious, but a lesser sanction is inappropriate and the conduct in question falls short of being fundamentally incompatible with remaining on the register;*
- b) The respondent veterinary surgeon has insight into the seriousness of the misconduct and there is no significant risk of repeat behaviour;*

*c) The respondent veterinary surgeon is fit to return to practice (after the period of suspension”*

129. The Committee decided that the Respondent’s limited insight meant she should not be suspended for a period and then to able to return to work without any restrictions because she remained a risk to animal welfare and the public.

130. Although the Respondent invited the Committee to impose conditions on her the Veterinary Surgeons and Veterinary Practitioner (Disciplinary Committee) (Procedure and Evidence) Rules 2004 and the Veterinary Nurse Conduct and Discipline Rules (2014) did not allow a Disciplinary Committee to impose suspension with conditions. Further the Committee concluded that the risk of repetition by the Respondent of similar behaviour in the future remained high because she was still at too early a stage in her recovery.

131. The Committee noted that whilst the Respondent was supported by a referee from her SMART meetings, he had only recently been made aware of the full extent of the charges. Whilst he appeared to have provided valuable pastoral support and guidance to the Respondent he was only able to confirm that he believed that the Respondent was no longer taking drugs but he had accepted that he had not seen the Respondent every week during her recovery.

132. Furthermore, whilst the Committee acknowledged that the Respondent had made some progress in addressing her drug addiction and underlying problems, she was not under the supervision of a medical professional. The Committee was therefore not persuaded that she was fit to return to practice at this early stage of her recovery or that she had demonstrated sufficient insight into the need for her to ensure she abided by all rules and policies surrounding Controlled Drugs in any future employment.

133. The Committee considered that overall the misconduct proved was so serious and was incompatible with remaining on the register. Although it acknowledged that the Respondent said [REDACTED] that at the time she was addicted to drugs and that was the reason for her misconduct, the Committee concluded that the following matters meant that overall the behaviour was fundamentally incompatible with remaining on the register of veterinary nurses:

- repetitive nature of the dishonesty in relation to controlled drugs

- dishonesty that had taken place on four occasions over a period of 11 months within the last two years
- using Controlled Drug that were meant for animals by injecting herself with them
- stealing Controlled Drugs on four separate occasions
- falsification of a clinical record

134. The Committee accepted that the Respondent was currently likely to be drug free on the basis of her evidence and that of her referee but it noted that independent testing proving she had been drug free for any period of time was not available to it. Furthermore the Respondent had been unable to demonstrate that she had worked without any incident recently as she had accepted she had been dismissed from her recent job albeit she denied stealing the codeine. The Committee decided that for the purposes of its decision on sanction it would only rely on the fact that she had been dismissed. The Committee did not take into account the allegation that the Respondent had removed drugs without authorisation in her recent employment, because she had denied doing so. However, it was bound to take into account that she had been dismissed from her recent employment.

135. Having taken into account all of the aggravating and mitigating factors set out above, and balancing the public interest and the need to uphold and maintain standards within the profession, and having decided that the Respondent's insight was limited, the Committee concluded that the sanction of 'removal' was the only proportionate sanction it could impose in this case. It also decided that such a sanction maintained public confidence in the veterinary profession, safeguarded animal welfare and protected the public from any future risk of repetition of similar behaviour.

136. The Committee therefore directed that the Registrar remove the Respondent's name from the register of veterinary nurses forthwith.

## **DISCIPLINARY COMMITTEE**

**12 MARCH 2025**