ROYAL COLLEGE OF VETERINARY SURGEONS
INQUIRY RE:

REBECCA DAVIES RVN

DECISION ON FINDINGS OF FACT

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1. The Respondent, Ms Rebecca Davies RVN, faced the following charges before a Disciplinary Committee:

   THAT, being registered in the Register of Veterinary Nurses and whilst in practice at the Westway Veterinary Hospital, West Road, Fenham Newcastle Upon Tyne, NE5 2ER, you:

   1. On 7 September 2022, in relation to A, who was undergoing a surgical procedure:

   a) failed to follow the instructions of a registered veterinary surgeon to increase anaesthesia;

   b) prepared to and/or began to administer a bolus of morphine, lidocaine and ketamine ("MLK") by injection, without the direction and/or authorisation of a registered veterinary surgeon;

   c) administered three further boluses of MLK by injection, without the direction and/or authorisation of a registered veterinary surgeon;

   d) placed a feeding tube despite instructions from a registered veterinary surgeon not to do so;

   e) administered intermittent positive-pressure ventilation (IPPV) without the direction and/or authorisation of a registered veterinary surgeon;

   2. On 8 February 2023, in relation to B, who was undergoing a surgical procedure:

a) administered Propofol without the direction of and/or authorisation of a registered veterinary surgeon;

b) placed a urinary catheter despite instructions from a registered veterinary surgeon not to do so;

3. *On 19 April 2023 (AMENDED), in relation to C, who was undergoing a surgical procedure, administered Methadone intravenously, despite a registered veterinary surgeon instructing you to administer the Methadone intramuscularly rather than intravenously;*

4. On 26 April 2023, in relation to D, who was undergoing a surgical procedure, administered Maropitant without the direction and/or authorisation of the registered veterinary surgeon undertaking the surgery;

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.

Proceeding in Absence

2. The Respondent did not attend the hearing and she was not represented.

3. The Committee had before it a bundle numbering pages 1-37 titled 'Proceeding in Absence Bundle'. In addition the Committee had a 'Pet Identification Schedule' and a 'Final Inquiry Bundle' numbering 1-310.

4. Ms Culleton on behalf of the College put before the Committee submissions in writing and made oral submissions inviting the Committee to proceed in the absence of the Respondent. Ms Culleton relied on the fact that the Respondent had said in writing that she did not intend to attend the hearing and that she had asked the Committee to proceed in her absence

5. The Committee clerk, Ms Yusuph confirmed that the Respondent had been provided with the Microsoft Teams Link to attend the hearing. She did not attend.

Decision on Proceeding in Absence

6. The Committee accepted that the College had effectively and in accordance with its Rules[1] notified the Respondent about the hearing date and time on 19 September 2025 with a Notice of Hearing and the relevant paperwork as required. The Committee noted that the Respondent had acknowledged receipt and responded to that notice. The Committee was therefore satisfied that the Respondent had been properly served within 28 days with notice of the hearing and that she had been served with the relevant paperwork in accordance with Rule 5.5 and Rule 5.2 of the Veterinary Surgeons and Veterinary Practitioners (Disciplinary Committee) (Procedure and Evidence) Rules 2004 (the Rules).

7. The Committee took into account that the College submitted that the charges the Respondent faced are serious and that it is in the public interest for such allegations to be heard as soon as possible, in line with the College's wider public interest objectives in terms of upholding the reputation of the profession of veterinary nursing. It also noted that the witnesses upon whom the College relied were all ready to attend the hearing.

8. The correspondence put before the Committee indicated that the Respondent had been made aware that she could put medical evidence before the Committee but had indicated that she had declined to do so because that information was private. Her last correspondence with the Committee was on 29 September 2025 in which she had acknowledged receipt of the Notice of hearing and she had stated that she would not be attending the Disciplinary Committee hearing or any Case Management hearing and that she would not be represented. She had repeated that she was content for the Disciplinary Committee hearing to continue without her participation.

9. On 9 October 2025, the Respondent was notified again that she could apply to adjourn the hearing on medical grounds if she wished to do so. She had not responded further following that letter.

10. The Veterinary Nurse Conduct and Discipline Rules 2014 provides:

[1] The Veterinary Nurse Conduct and Discipline Rules 2014 and The Veterinary Surgeons and Veterinary Practitioners (Disciplinary Committee) (Procedure and Evidence) Rules 2004

"*13. The Veterinary Nurse Disciplinary Committee shall adopt, with any necessary modifications, the rules and procedures of the Disciplinary Committee*."

11. The Veterinary Surgeons and Veterinary Practitioners (Disciplinary Committee) (Procedure and Evidence) Rules 2004 (the 2004 Rules) provide at Rule 10.4:

    "If the respondent does not appear, the Committee may decide to proceed in the respondent's absence, if it is satisfied that the notice of inquiry was properly served and that it is in the interests of justice to do so."

12. The Committee took into account the Disciplinary Committee Manual[2] paragraphs 122-123 when deciding whether to proceed in the absence of the Respondent. It noted that the Respondent had asked for the hearing to proceed in her absence despite her medical ill-health which she had mentioned. The Committee noted that she had chosen to not provide any medical evidence to the Committee. The Committee therefore concluded that there was an absence of medical evidence to persuade it to adjourn the proceedings on medical grounds.

13. The Committee when exercising its discretion as to whether to proceed in the Respondent's absence took into account the criteria set out in the cases of R v Jones (Anthony) (2002) 2 WLR 52 and Adeogba v GMC (2016) EWCA Civ 162. The Committee decided that it was in the interests of the Respondent, in the public interest, the interests of the general public and the interests of justice that the hearing should proceed in the Respondent's absence. It noted that the Respondent had not asked for proceedings to be adjourned but rather she had indicated that although she was unwell she wished for the hearing to proceed in her absence without her participation.

14. The Committee further decided that if it did adjourn the hearing, it was unlikely that the Respondent would in any event attend a future hearing because she had stated that she did not intend to work as a veterinary nurse in the future.

15. The Committee therefore decided to proceed in the Respondent's absence. It further took into account the advice from the Legal Assessor, not to draw any improper conclusion or adverse inference from the Respondent's absence.

[2] (updated in 2022)

Admissions

16. The Respondent made no admissions to any of the charges.

Brief Background

17. The Respondent was employed as a veterinary nurse at Westway Veterinary Hospital ('Westway') when the concerns reflected in the charges arose. She worked primarily as part of the orthopaedic surgical team. She had commenced working at the hospital in September 2022.

18. Following an anoymous concern being raised in respect of the Respondent's conduct around the administration of medicines to patients, Mark Turnbull, the Practice Manager commenced an investigation. As part of that investigation he spoke to two of the veterinary surgeons that worked with the Respondent, Ms Claire Brown and Ms Lucie McKenzie, as well as a veterinary nurse Ms Amy Sewell.

19. In their investigation meetings with Mr Turnbull, in response to questions asked of them, they indicated concerns around the administration of medicines which had been administered without the consent of the veterinary surgeons, or which had been administered contrary to the instructions regarding how medication was to be administered (intravenously rather than intramuscularly). Other matters raised were that the Respondent had placed a feeding tube and a urinary catheter in patients in direct contravention of instructions by the veterinary surgeon not to do so.

20. Mr Turnbull also spoke to the Respondent as part of the investigation where he asked her about the concerns that had been raised and she provided her response. Shortly after this meeting the Respondent resigned from Westway and the concerns were referred to the College.

21. The Respondent's challenge or response to the allegations is set out in an investigation interview at Westway and also in her response to the College.

Investigation interview at Westway

22. The Respondent was interviewed as part of Westway's investigation on 11 May 2023.

23. In relation to Patient A, it is recorded that she accepted having inserted a feeding tube into the patient and said that she had asked Ms McKenzie and that she did it under anaesthetic. She said, that she asked if it was ok and checked with the veterinary surgeon.

24. In relation to Patient B, it is recorded that she said that she would have checked before administering Propofol and that she had consent from the vet. In respect of inserting the urinary catheter, the Respondent said that the vet asked her. In subsequent questions about the procedure the Respondent said that she was not really sure of this case because she had not stitched in a urinary catheter before.

25. In relation to Patient C, she stated that she had drawn up the drug in advance, had the IV dose diluted, explained this to the vet and checked it was ok. She said that the vet asked her to administer it intramuscularly but she defaulted to previous practices, but that she asked if it was ok. She further states that she asked and double checked.

26. In relation to Patient D, the Respondent said that she would always check about the medicines that the vet in charge prescribed. She accepted that she administered the maropitant but said that she would always check with the vet, that she wouldn't have just given it, as it's a prescription drug.

Summary of the Respondent's Response to the College

27. The Respondent provided a response to the College in respect of the concerns raised in a letter dated 12 September 2023.

28. In relation to Patient A and giving a bolus of MLK contrary to the veterinary surgeon's instruction, she sets out her recollection of the surgery and says that she remembers discussing administering a bolus dose of the MLK with the vet and asking if it was required

and what rate to administer it at. She states that she does not recall whether or not she administered a bolus of MLK but that she would have recorded it on the anaesthesia monitoring sheet if she had. She states that she would not have administered a bolus without direct instruction from the vet, especially as she did not know the concentration of the medications in the fluid bag. As far as placing a feeding tube, she states that she had expressed that she was confident in the procedure and that she checked with the vet and placed the naso-gastric tube whilst a second operating veterinary surgeon was surgically closing the patient's abdomen. She sets out the discussion she recalls having with the veterinary surgeon and that there was no discussion at the time which alerted her to any concern from the rest of the team regarding her actions. She says that the 'case vet' subsequently asked her to demonstrate and teach other RVNs and student RVNs how to place and suture/secure nasogastric tubes.

29. In relation to Patient B, she states that the patient had been premedicated whilst she was finishing setting up anaesthesia induction equipment and she clarified the premedication and doses to be administered and recorded them on the anaesthetic chart. She states that she drew up the Propofol for the patient whilst setting up. She says that whilst restraining the patient during anaesthesia induction she observed the patient's forelimb had swollen as he had received all of the Propofol dose and was still conscious. She says that she recalls advising the veterinary surgeon that the leg was swollen and helping to re-site the intravenous catheter as well as discussing topping up the patient's Methadone prior to re-inducing him. She states that she is aware that administering anaesthesia induction drugs using incremental dosing is the responsibility of the veterinary surgeon. She states that following induction and stabilisation when placing the patient into dorsal recumbency there was urine leaking onto the patient's abdomen and she checked with the veterinary surgeon that it was OK to place a urinary catheter and drain the patient's bladder prior to surgical preparation. It was her understanding that she had checked and had permission to place a temporary urinary catheter.

30. In relation to Patient C, the Respondent states that it had been her experience at her previous practice to be instructed to give Methadone intravenously and that she was fatigued (due to previous surgeries that day) and that she suspects that it was without thinking that she went into 'default mode' and diluted the Methadone in order to give it intravenously as that was the protocol in her previous position. She says that she informed the vet and that by this point

she realised that this was not the intended route and so she asked if this was ok. She states that it was her understanding that the vet agreed that she could administer the Methadone intravenously. She further states that she would never intentionally undermine a veterinary surgeon's authority and if the vet felt that was the case, she is sorry that was not explained to her at the time of the procedure or afterwards as she would have apologised in person.

31. In relation to Patient D, the Respondent sets out her recollection of the procedure and preparation of the patient. She stated that any medication she administers is always recorded and initialled on the patient's anaesthetic chart. She recalled mentioning which drugs she had drawn up in preparation and felt that she had checked with the vet that they were appropriate and that the vet authorised their administration. She stated "*The only way that I can imagine that my actions may have varied from what was discussed is if I had gone ahead and administered the maropitant in error, rather than simply having it ready for use if needed. I am sincerely sorry if this was the case*".

Decision on Finding of Facts

32. The Committee approached the evidence methodically checking for all areas where any witness including the Respondent had spoken about the charge or particulars of a charge. It also checked if there was any supporting documentary evidence. Where there was no supporting evidence, the Committee considered whether it had tested orally the evidence of the witness.

33. Although the Respondent was not present and the Committee did not draw any adverse inference against her due to her not being present, it was not able to test her evidence because she had not given evidence before the Committee, so the veracity of what she had asserted in writing was taken by the Committee at face value.

34. The accounts or defence given by the Respondent were put to the veterinary surgeons who addressed them in their statements. The Committee tested the evidence of Ms McKenzie (MRCVS), Ms Brown (MRCVS) and Ms Sewell (RVN) so it was able to satisfy itself as to their credibility so that it was sure.

Ms McKenzie gave evidence regarding Charge 1 and Charge 2. Ms Brown and Ms Sewell primarily gave evidence in relation to Charge 3 and Charge 4.

Charge 1 - On 7 September 2022, in relation to A, who was undergoing a surgical procedure:

a) failed to follow the instructions of a registered veterinary surgeon to increase anaesthesia;

35. Ms McKenzie dealt with aspects of the Respondent's response to Charge 1, in her statement. In summary Ms McKenzie stated in response:

"*I would not administer a bolus of MLK unless I knew how much had already been given. I know what the maximum rate is that a dog can receive and I am one hundred percent confident that I would not have asked Miss Davies to administer a bolus of MLK. It is possible that I might have asked Miss Davies to administer a bolus of Ketamine only, and I have recorded in the clinical notes that I administered a bolus of Ketamine prior to the surgery….*
Westway does have written protocols in the form of a 'cheat sheet' which has already calculated the respective doses to assist a veterinary surgeon so they know what doses to give. It is not within a veterinary nurse's discretion to administer a bolus of MLK – this must be the decision of a veterinary surgeon….
In relation to Miss Davies' comments about the placing of the feeding tube, I did not authorise Miss Davies to fit the feeding tube. I did tell Miss Davies on my return to the operating theatre that I told her I did not want her to place the feeding tube. This conversation was witnessed by Claire Brown."

36. The Committee accepted the evidence of Ms McKenzie that there was a confrontation between her and the Respondent when dealing with Patient A due to Ms McKenzie indicating that the anaesthesia was too light. The Committee further noted that although Ms McKenzie stated she had asked the Respondent to turn up the anaesthesia it was unclear from the anaesthetic chart that the Respondent did not do so.

37. The Committee was therefore not satisfied so that it was sure, that the Respondent had failed to follow the instructions of Ms McKenzie regarding turning up the anaesthesia. This was because the anaesthetic chart showed that there were several periods where the anaesthesia

was turned up during the surgical procedure. The further statement of Ms McKenzie did not identify on the chart where exactly the anaesthesia was not turned up.

38. The Committee therefore found Charge 1(a) not proved.

Charge 1 (b) - prepared to and/or began to administer a bolus of morphine, lidocaine and ketamine ("MLK") by injection, without the direction and/or authorisation of a registered veterinary surgeon

39. The Committee noted that Ms McKenzie specifically denied asking that the Respondent administer this bolus of MLK. It also noted that Ms McKenzie said that Patient A already had two intravenous fluid lines up, one of them administering MLK at a rate of 14 ml per hour so that was the reason she told the Respondent that she should not bolus the MLK (because it could kill the patient if they received too much).

40. Ms McKenzie said the Respondent responded by saying that she would not stop because the patient was in too much pain. Ms McKenzie repeated her instruction to stop, but she said that the conversation became argumentative and the Respondent was not listening to her. Ms Brown then reiterated the instruction to stop following which the Respondent did stop. Ms McKenzie states that she had not asked the Respondent to give the patient a bolus of MLK at any point during the procedure and that she was otherwise focusing on the procedure itself and that she was only aware of one occasion when she saw the Respondent administering a bolus of MLK. She also said that when she looked at the anaesthetic chart and compared it to her clinical record that it was evident that the anaesthetic chart (which the Respondent had written on) referred to four boluses having been given.

41. The Committee noted that the Respondent stated in her letter dated 12 September 2023, "*I do not recall whether or not I administered a bolus of the MLK. I would have recorded this on the anaesthesia monitoring sheet if I had. I certainly would not have administered a bolus without direct instruction from the vet, especially as I did not know the concentration of the medications in the fluid bag".* The Committee noted that the Respondent did not accept that she had given this bolus without instruction from Ms McKenzie.

42. However, the Committee was satisfied so that it was sure, that Ms McKenzie had not given the Respondent a direction or authorisation to prepare or administer a bolus of morphine,

lidocaine and ketamine by injection when she had prepared to and/or began to administer a bolus. It accepted the evidence of Ms McKenzie which was supported by her clinical record and her reasons for not wanting a bolus to be given.

43. The Committee also referred to the interview of Ms McKenzie which was dated 10 May 2023 which reflected that when Ms McKenzie recounted the event in her interview with Mark Turnbull, she said "*it was 7th September last year. It was having revision surgery…. Rebecca Davies was going*[3] *the anaesthetic, it was very unstable and the patient kept moving. I asked if the dog was too light, Rebecca did not agree and gave the dog a bolus of the MLK infusion without my consent. I asked her to stop thinking she had made a mistake but she said she knew what she was doing. She did eventually stop after a confrontation*".

44. Although Ms McKenzie stated that Ms Brown, another veterinary surgeon was present when this happened, the Committee noted that Ms Brown had no recollection about the MLK when asked in oral evidence about it. Despite this, the Committee was satisfied on the evidence before it that Charge 1(b) was proved so that it was sure. It was not persuaded by the Respondent's account because the patient was already receiving MLK and the Respondent had been asked by the veterinary surgeon to stop.

Charge 1(c) administered three further boluses of MLK by injection, without the direction and/or authorisation of a registered veterinary surgeon;

45. Ms McKenzie stated that she did not ask the Respondent to administer these three further boluses having checked her clinical record and having compared it to the anaesthetic chart. Since the explanation for Ms McKenzie telling the Respondent not to administer an MLK bolus was because it might kill patient A, the Committee was satisfied that the anaesthetic chart which the Respondent had completed showing that three further boluses were administered by injection had been done without the authorisation or direction of Ms McKenzie or any other registered veterinary surgeon.

46. The Committee was therefore satisfied so that it was sure that Charge 1(c) was proved.

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Charge 1(d) placed a feeding tube despite instructions from a registered veterinary surgeon not to do so;

47. Ms McKenzie stated that the Respondent placed a feeding tube without a veterinary surgeon's direction. Ms Brown confirmed that was the case in her statement. Both witnesses confirmed that the Respondent had done so in their written and oral evidence. Ms McKenzie also stated this in her interview on 10 May 2023 to Mr Turnbull. Ms Brown also confirmed it in her interview with Mr Turnbull on 10 May 2023.

48. The Respondent confirmed that she had inserted the feeding tube in her interview with Mr Turnbull on 11 May 2023 and in her letter dated 12 September 2023 to the College. However she said that she inserted the tube with permission from Ms McKenzie.

49. Ms Brown stated in oral evidence that she recollected that Ms McKenzie had specifically told the Respondent not to insert the feeding tube as Ms McKenzie wanted to do it under x-ray herself. Ms McKenzie also stated that she did not want the Respondent to do it because she was unsure as to her skills, having not worked with her for enough time. The Committee was therefore persuaded on this evidence which supported the evidence of Ms McKenzie having not given permission to the Respondent to insert the tube. Both Ms McKenzie and Ms Brown had said that the Respondent had said that she could do it but that she was specifically told not to do so. The Committee was therefore satisfied so that it was sure because two witnesses had given the same account.

50. The Committee therefore found Charge 1(d) proved.

Charge 1 (e) administered intermittent positive-pressure ventilation (IPPV) without the direction and/or authorisation of a registered veterinary surgeon;

51. The Committee noted that Ms McKenzie stated that she saw the Respondent had recorded IPPV (Intermittent Positive-Pressure Ventilation) on the anaesthetic chart and that this was not necessary because the patient was breathing on their own. Ms McKenzie also explained that the risk of doing IPPV when it is not necessary is that it can increase the depth of the patient's anaesthesia.

52. The Respondent stated in her letter of 12 September 2023, "*If I recall correctly the patient required intermittent ventilatory support where I was providing IPPV as necessary and trying to simultaneously record observations onto the anaesthetic chart".* The anaesthetic chart shows that it was provided at the start of the procedure.

53. There appears to be no dispute that the Respondent administered IPPV during the procedure according to the anaesthetic chart between 4.10pm and 4.25pm which was at the start of the procedure. Ms McKenzie told the Respondent that she did not need to give IPPV after she had done so, but the Committee concluded that the Respondent had done so without the authorisation or direction of a veterinary surgeon and on her own initiative.

54. The Committee was therefore satisfied so that it was sure that Charge 1(e) was proved.

55. However, despite the Respondent having done so, the Committee's preliminary view was that it did not consider the Respondent's conduct as improper given that that administering IPPV could be a normal part of a veterinary nurse's role in the anaesthetic process.

Charge 2 - On 8 February 2023, in relation to B, who was undergoing a surgical procedure:

(a) administered Propofol without the direction of and/or authorisation of a registered veterinary surgeon;

56. Ms McKenzie said that Patient B (a pug-cross dog) required gut revision surgery to address septic peritonitis. During the surgery his anaesthesia was light and he was in pain. Ms McKenzie asked the Respondent to "*hang on*", meaning that she should wait, but instead she saw her administer Propofol to Patient B without her authorisation or direction. Ms McKenzie had not asked the Respondent to administer this. Ms McKenzie said that this caused Patient B to stop breathing; although the patient did recover from the episode.

57. The Respondent said in her interview with Mr Turnbull on 11 May 2023, that she did not recollect that she had given Propofol in an induction, but then when asked if she had given it and if she had the consent of the veterinary surgeon she said she had.

58. The anaesthetic chart was not available as it had been lost or misplaced.

59. The Committee was satisfied on the basis of Ms McKenzie's evidence so that it was sure that the Respondent had administered the Propofol despite being told by her 'to hang on' and that the Respondent did not follow her instruction and she then saw her giving the Propofol. It was not persuaded that there was any credible evidence to support the Respondent's account that Ms McKenzie had told her to give Propofol.

60. The Committee therefore found Charge 2(a) proved.

Charge 2(b) - placed a urinary catheter despite instructions from a registered veterinary surgeon not to do so;

61. At the end of the surgery, Ms McKenzie told the Respondent that she was considering inserting a urinary catheter but that the Respondent should not place one. Ms Brown was also present and scrubbed in. Ms McKenzie left the room for approximately ten to fifteen minutes and she was then informed by Ms Brown that the Respondent had inserted the catheter. She saw this for herself when she returned to the operating theatre.

62. The Respondent said in her interview with Mr Turnbull on 11 May 2023 that she was asked to place the urinary catheter by the veterinary surgeon. She could not however confirm that she did it when the veterinary surgeon was in the room. She later said in her letter dated 12 September 2023, *"I recall following induction and stabilisation, that when placing the patient into dorsal recumbency there was urine leaking onto the patient's abdomen and checking with the veterinary surgeon that it was OK to place a urinary catheter and drain the patient's bladder prior to surgical preparation, to keep the surgical site as clean as possible; it was my understanding that I had checked and had permission to place a temporary urinary catheter."*

63. The Committee was satisfied on Ms McKenzie's evidence that she had told the Respondent not to do this. Further the fact that she was then alerted by Ms Brown to this having happened added weight to her account.

64. Although Ms Brown did not give evidence about this, Ms McKenzie said that Ms Brown had told her that the Respondent had done this and that she saw this for herself when she came back into the room. She also says that she explained to the Respondent at the time that she '*thought she had told her not to place the urinary catheter*' but that the Respondent was blasé about it.

65. The Committee was therefore persuaded by the clear evidence of Ms McKenzie that she had told the Respondent not to do it. It did not accept the account from the Respondent which was untested.

66. The Committee therefore found Charge 2(b) proved.

Charge 3 - On 18 April 2023, in relation to C, who was undergoing a surgical procedure, administered Methadone intravenously, despite a registered veterinary surgeon instructing you to administer the Methadone intramuscularly rather than intravenously

67. Patient C ([redacted]) was admitted with a fracture on 18 April 2023 and Ms Brown was the veterinary surgeon. Ms Brown communicated to the Respondent that Patient C should receive Methadone intramuscularly (as the top up whilst under general anaesthetic) and that she expressly requested this. Ms Brown states that the Respondent replied that she had given Methadone intravenously multiple times before and that it had always been fine. Ms Brown explained why she wanted it to be administered intramuscularly but the Respondent again said that she had administered it intravenously multiple times before and that it had always been fine. She then proceeded to administer the Methadone intravenously. Ms Brown indicates that she had communicated her protocol or routine for "*IV pre-med unless fractious, IM under GA and can be IV in recovery*", to the Respondent multiple times and reiterated to Mr Turnbull that the Respondent had been asked not to administer Methadone in this way before.

68. Ms Sewell (RVN) supported Ms Brown in stating that she heard the instruction from Ms Brown to the Respondent to give the Methadone intramuscularly instead of intravenously.

69. Ms Brown said she did not remember saying that it was okay to be given intravenously. She said that her protocol and routine was that it would be given intravenously both pre and post operatively and intramuscularly only under general anaesthetic.

70. The anaesthetic chart showed that the Methadone was given intravenously during the surgical procedure supporting the fact that the Methadone was given intravenously without authorisation. However, the Committee noted that the surgical procedure took place on 19 April 2023 and not on 18 April 2023.

71. The Committee considered Rule 14.1 Veterinary Surgeons and Veterinary Practitioners (Disciplinary Committee) (Procedure and Evidence) Rules 2004 (the 2004 Rules) and noted that it stated the Committee may allow such further evidence, amendments and submissions and give such further directions as it considers appropriate in all the circumstances. Since the Committee decided the date of the charge was not a material particular, and that because the charge related to Patient C, it was satisfied that the Respondent was aware of the incident and Patient C and that amendment of the date in the charge would cause no injustice to the Respondent. It therefore amended the Charge 3 to read 19 April 2023 instead of 18 April 2023.

72. The Respondent accepted in her interview with Mr Turnbull on 11 May 2023 that she had given the Methadone intravenously but that "*she defaulted to previous practices but I asked if it was ok*"

73. The Respondent said in her letter dated 12 September 2023 that she accepted giving the Methadone intravenously stating that she was fatigued and that she realised that she had prepared to deliver it intravenously despite being told not to. She said "*By this point, I had realised this was not the intended route and so I asked if this was OK? I explained that I was happy to give the medication over thirty minutes and provide ventilation assistance if the patient became bradypnoeic. I recall mentioning that I could ask another member of staff to collect a repeat Methadone dose and administer this to the patient intramuscularly, should the vet prefer. It was my understanding that the vet agreed I could administer the methadone intravenously."*

74. The Committee noted that Ms Brown stated that she told the Respondent multiple times that she should deliver the Methadone intramuscularly not intravenously. It was therefore satisfied on the basis of the evidence of Ms Brown supported by the evidence of Ms Sewell that the

Methadone was directed to the Respondent to be given intramuscularly. Ms Sewell also said Ms Brown had explained why she had asked the Respondent to deliver it intramuscularly.

75. The Committee was therefore satisfied on the evidence of Ms Brown and Ms Sewell so that it was sure that the Methadone was given intravenously despite repeated instructions to give it intramuscularly by Ms Brown.

76. The Committee therefore found Charge 3 proved.

Charge 4 - On 26 April 2023, in relation to D, who was undergoing a surgical procedure, administered Maropitant without the direction and/or authorisation of the registered veterinary surgeon undertaking the surgery;

77. Patient D (a [redacted] was admitted for orthopaedic surgery on 26 April 2023. Ms Brown describes how after the surgery she discovered that the Respondent had administered Maropitant (an anti-emetic medication which may in some circumstances also act as an analgesic) to Patient D without her authorisation. This was also apparent from the general anaesthetic chart, where it indicated that Patient D had been administered Maropitant.

78. Ms Brown states that she had previously had informal discussions with both the Respondent and Amy Sewell where she had explained that she did not prescribe Maropitant to patients unless she specifically indicated to the contrary and this discussion had arisen upon her previously discovering that the Respondent had given Maropitant without her authority prior to Patient D.

79. Ms Sewell said she reviewed the anaesthetic chart with Ms Brown and she recognised the handwriting relating to the Maropitant as the Respondent's handwriting. She also said that she had a conversation with Ms Brown after the surgery and Ms Brown confirmed that she had not prescribed Maropitant. Ms Brown confirmed this in her interview with Mr Turnbull on 10 May 2023 and also in her statement explaining that it was not part of her anaesthetic protocol and that she would only prescribe it in circumstances where a dog was brachycephalic which this dog was not. The Committee noted that this was corroborated by

Ms Brown in relation to another Patient and the clinical records of that patient who was brachycephalic.

80. The Respondent said she accepted that she administered the Maropitant but said that she would always check with the vet, that she wouldn't have just given it, as it's a prescription drug. She said in her letter to the College on 12 September 2023, that any medication she administers is always recorded and initialled on the patient's anaesthetic chart and that she recalls mentioning which drugs she had drawn up in preparation and felt that she had checked with the vet that they were appropriate and that the vet authorised their administration. She states – "*The only way that I can imagine that my actions may have varied from what was discussed is if I had ahead and administered the maropitant in error, rather than simply having it ready for use if needed. I am sincerely sorry if this was the case*". The Respondent therefore appeared in her most recent letter to have accepted that if she had administered it she had done so with authorisation from Ms Brown.

81. The Committee concluded that Ms Brown's evidence was credible and it rejected the account given by the Respondent. Ms Brown said she did not prescribe this drug in these circumstances. Further Ms Brown said that she had spoken to the Respondent about her anaesthetic practice because she was aware that Ms Brown had previously used this drug in her former practices. Ms Brown had also spoken to Ms Sewell about her concern regarding the use of Maropitant being on the anaesthetic chart of Patient D when she had not authorised it shortly after the surgical procedure. The Committee was therefore satisfied so that it was sure that the Respondent had administered Maropitant without the direction or authorisation of Ms Brown.

82. The Committee therefore found Charge 1(b), 1(c), 1(d), 1(e), 2(a), 2(b), 3 and 4 proved and Charge 1(a) not proved.

ROYAL COLLEGE OF VETERINARY SURGEONS
INQUIRY RE:

REBECCA DAVIES RVN

PET IDENTIFICATION SCHEDULE

Letter used in the Charges Name of animal Breed of animal:

A [redacted]

B [redacted]

C [redacted]

D [redacted]