

ROYAL COLLEGE OF VETERINARY SURGEONS

INQUIRY RE:

MR DAVID HENRY ECCLES MRCVS

**DECISION OF THE DISCIPLINARY COMMITTEE AT THE RESUMED HEARING
FOLLOWING POSTPONEMENT OF JUDGEMENT**

1. The Respondent originally appeared before the Disciplinary Committee on 5 and 6 of November 2018. He was found guilty of disgraceful conduct in a professional respect. The Disciplinary Committee decided to postpone judgment for two years on the basis of undertakings agreed and signed by the Respondent on 6 November 2018. The resumed hearing in November 2020 was adjourned to the current date.
2. The Committee had a Resumed Hearing Bundle ('the Bundle'), including transcripts of the original hearing and a copy of its original decision on 6 November 2018, together with the undertakings. The College included information and details provided by the Respondent with regard to these undertakings. Further documents were provided more recently by the Respondent and included in a separate Respondent's Bundle.

The Original Charges

3. The charges, which were admitted by the Respondent were as follows:

That, being registered in the Register of Veterinary Surgeons and whilst practising at Daisy Hill Practice Limited 475 Leigh Road, Daisy Hill Westhoughton, Bolton BL5 2JH you:

In relation to Leo, a cat belonging to Catherine and Steven Crawford:

1. On 29th September 2017:-
 - (a) failed to undertake an adequate investigation into and/or assessment of Leo's presenting condition, including by way of:-

- (i) obtaining an adequate history from his owner; and/or
 - (ii) performing an adequate examination; and/or
 - (iii) undertaking special investigations by way of urinalysis, blood tests and imaging, alternatively offering the owner the option of a referral for those investigations to be undertaken;
- (b) failed to include feline idiopathic cystitis in the differential diagnosis for Leo's illness;
- (c) failed to admit Leo for the provision of intravenous fluid therapy, alternatively failed to offer such an admission to the owner;
- (d) failed to admit Leo and address the obstruction in Leo's urinary tract or bladder, either by removal of the contents of the bladder or by medical treatment, alternatively failed to offer such an admission to the owner;
- (e) discharged Leo home without addressing the obstruction in his urinary tract or bladder;
- (f) discharged Leo home without providing him with any, or any adequate, analgesia;
- (g) failed to offer referral to the owner;
- (h) failed to secure informed consent to your management of Leo;
- (i) failed to make a clear, accurate and detailed clinical record in respect of the consultation.

2. On 30th September 2017;

- (a) Failed to undertake an adequate investigation into and/or assessment of Leo's presenting condition, including by way of:-
- (i) Obtaining an adequate history from his owner; and/or
 - (ii) performing an adequate examination; and/or
 - (iii) undertaking special investigations by way of urinalysis, blood tests and imaging, alternatively offering the owner the option of a referral for those investigations to be undertaken;
 - (iv) an assessment of his fitness for anaesthesia;
 - (v) an assessment of his susceptibility to acute kidney injury;

- (b) failed to offer a referral as an option to the owners;
- (c) failed to include feline idiopathic cystitis in the differential diagnosis for Leo's illness;
- (d) failed to provide Leo with intravenous fluid therapy (pre, peri and post-operatively);
- (e) anaesthetised Leo when he was not fit for anaesthesia;
- (f) anaesthetised Leo by the intra-muscular administration of ketamine and medetomidine;
- (g) failed to address the obstruction in Leo's urinary tract or bladder by either catheterisation or (if necessary) de-compressive cystocentesis;
- (h) performed cystotomy on Leo;
- (i) having anaesthetised Leo, failed to reverse the medetomidine, including when Leo did not recover post-operatively;
- (j) administered Meloxicam to Leo;
- (k) failed to monitor Leo adequately post-operatively, including by leaving him alone on the premises;
- (l) failed to inform Leo's owners in advance that Leo would be left alone on the premises;
- (m) when Leo was left alone on the premises, failed to inform Leo's owners that Leo was alone on the premises;
- (n) in the circumstances described at each or all of (a) to (m) above, failed to secure Leo's owners' informed consent to the treatment and post-operative care provided to Leo;
- (o) failed to address Leo's failure to recover post-operatively;
- (p) discharged Leo home when he was not fit to be discharged;
- (q) discharged Leo home without providing him with any, or any adequate, analgesia;
- (r) discharged Leo home without providing his owners with adequate discharge information and instructions;
- (s) failed to make a clear, accurate and detailed clinical record in respect of Leo's treatment, post-operative stay and discharge;
- (t) failed in particular to make adequate record of your administration of ketamine to Leo.

AND that in relation to the facts alleged you have been guilty of disgraceful conduct in a professional respect.

The Original Decision

4. In its decision, the Committee noted that from August 2016, Mr and Mrs C had owned a rescue cat called Leo, and had used the Respondent's practice for veterinary services for a number of years. Until 28 September 2017, Leo had experienced good health. During that evening, he

appeared sluggish and did not eat or drink. He remained indoors all day which was unlike him and he did not appear to go out to relieve himself where he would usually go.

5. On 29 September 2017 the owners took Leo into the practice. The Respondent listened to Leo's heart, then palpated the abdomen and said that he could feel a mass. He thought it might be bacteria that had "eaten away at the bladder wall", causing clots to form. He gave Leo an antibiotic injection and told Mrs C to take Leo home and keep an eye on him all day. In particular he asked her to take particular note of Leo's toilet habits.
6. Later that day, Leo still was not interested in drinking or eating. He did not use his litter tray. The following day, 30 September 2017, Mr and Mrs C took Leo back to the practice. The Respondent checked Leo's lower abdomen and said the mass he had identified had not gone down and that he would need to open Leo up and have a look to see what was happening. He said that he would operate straightaway and would call once he had finished. Mr and Mrs C left Leo at the practice. They were contacted a little later to be told that surgery was complete, that a mass from the bladder had been removed which had turned out to be blood clots, that the Respondent had catheterised Leo successfully and that there were no other issues. They were called again later to say that they could collect Leo at about 4pm.
7. Mr and Mrs C went to collect Leo, they found that he was unresponsive. They took him home in a carrier, and during the course of the afternoon and evening he remained in a state of eye-opened sleep with limited movement. During the course of the night, Leo did not improve and in the early hours of Sunday 1 October 2017, Leo died.
8. In relation to its findings on disgraceful conduct in a professional respect, the Committee noted:
"As is apparent from the above evidence, the end result of the Respondent's decisions and conduct mean that Leo was not afforded the standard of pre-, intra- and post-surgical care which the C's were entitled to expect. The Committee accepts that professional failings can encompass a wide range of circumstances, behaviour and conduct. In this case the failings cover a failure on the day of the first examination of Leo to include within the differential diagnosis the prospect that he was suffering from feline idiopathic cystitis and a clear failure to make any meaningful clinical record covering that examination. On the following day, the day of the surgery, the Respondent's failings were more wide-ranging and serious still, as is apparent from the particulars of charge 2 which the Respondent has accepted. In short, they commenced with an inadequate investigation of Leo's condition before surgery, an inadequate diagnosis and a failure to offer as an option to his owners a referral to a more appropriate practice with more appropriate facilities. The failings continued through to a decision to anaesthetise Leo when he was not fit to undertake anaesthesia, and to inadequacies in the manner in which the surgery was performed. Those failings were compounded by the Respondent's failure to reverse the effects of the anaesthesia and his manifestly inadequate aftercare. The next set of failings concerned a discharge with inadequate information and instructions to his owners as to what they should do for Leo were his condition not to improve as expected. Last but not least, the charges encompass the Respondent's failure to comply with his regulatory duty to record the fact that he administered to Leo the registered drug ketamine... In the circumstances described above in some detail, the Committee has reached the conclusion in the exercise of its judgment that the conduct of the Respondent as covered

by each of the particulars of charge which the Respondent has admitted and which it has found proved, clearly does constitute disgraceful conduct in a professional respect.”

9. The Committee went on to consider sanction and concluded as follows:

“... the Committee proceeded next to consider the adequacy or otherwise of the sanction... of postponement accompanied by and reinforced by a suitable undertaking. For the reasons already spelt out this Committee takes a very serious view of the Respondent’s failings and consider the question of the adequacy of the sanction carefully and for a long period. The Committee has reminded itself, as it must, that the purpose of the sanctions available to it is not to punish the Respondent but to seek to ensure the Respondent’s diagnostic, surgical and prescribing skills are subject to immediate supervision with a view to ensuring a rapid improvement in each of them. This is necessary to ensure the welfare of other animals which the Respondent may be called upon to treat in the future. ... it considers that the Respondent should be required to prepare a personal development plan which he will need to submit and have agreed by The Royal College of Veterinary Surgeons within 28 days of today’s date, which plan should cover the period of two years from today’s date and which plan should address his clinical and diagnostic shortcomings with particular reference to the decision of this Committee in this hearing. Secondly the Committee is firmly of the view that an approved mentor should be appointed and instructed to provide advice and guidance to the Respondent on his practice, such supervision should continue for a period of two years from today’s date and that such mentor should be required to report to the Chair of the Disciplinary Committee by way of progress reports at quarterly intervals. In addition to the required minimum of 35 hours of annual CPD required of all veterinary surgeons, the Respondent should be required to undertake an additional 35 hours of CPD in the areas identified in the personal development plan as may be recommended by the mentor and that quarterly reports of the courses completed with details of the course provider, copies of the course content and any certificates attained by the Respondent should be submitted to the Chair of the Committee. Further the Committee considers that the Respondent should be required to enrol in the Practice Standards Scheme and to achieve the core standards of the scheme within the next 12 months. These undertakings are a necessary requirement of the decision of the Committee. This is because it takes the view that Leo’s suffering was eminently avoidable. Had he received competent diagnostic care, had his surgery been competently performed, had he not received the medication that the Respondent administered and/or had his aftercare been of an acceptable standard, he would not have had his welfare unnecessarily compromised. The Committee is determined to ensure that there is no repetition of the many and serious mistakes which the Respondent made when Leo was under his care. This is necessary to ensure the proper protection of the welfare of animals which the Respondent may be called upon to treat in the future. Given the seriousness of the failings on the part of the Respondent in relation to his treatment of Leo, the Committee considers that it is appropriate that he should pay all the costs of complying with the undertakings identified above. The Committee acknowledges that this will impose a not insignificant financial burden on the Respondent but it considers that financial burden to be entirely appropriate to the circumstances of this case.”

The Original Undertakings

10. The undertakings and the College's comments on them for this hearing are set out below:

Personal Development Plan

- (i) *To prepare, submit and have agreed by the Royal College of Veterinary Surgeons within 28 days of today's date and send to the Chair of the Disciplinary Committee and the RCVS a Personal Development Plan, covering the period of 2 years from today's date, to address my clinical and diagnostic shortcomings with particular reference to the decision of the Disciplinary Committee in relation to the Charges and Particulars that I have admitted at this Hearing. In the event that the appointed Mentor shall require amendments to the Personal Development Plan submitted by me, I shall submit such amended Plan to the Chair and the RCVS within 28 days of the date on which the Mentor shall require the same to be amended.*
- (ii) *To comply with the terms of the Personal Development Plan prepared as above.*

11. The Respondent provided a copy of his PDP to the College. The College has been unable to trace a record of when the PDP was first submitted for agreement. This may be because, as the Respondent has indicated, it was submitted via the on-line CPD portal rather than directly to the College or the Committee's clerk. On 11 March 2019, the Respondent emailed the Clerk to the Committee enclosing a quarterly report and stating that a Personal Development Plan had been compiled and a mentor appointed. He also confirmed that he had enrolled on the Practice Standards Scheme. He stated that his PDP would be amended in line with recommendations from his mentor.

Practice Standards Scheme

To enrol in the Practices Standards Scheme and to achieve the core standards of the Scheme within 12 months of today's date.

12. The College confirmed that in April 2021 the Respondent's practice achieved Core Standards Accreditation within the Practice Standards Scheme. It is noted that this was not within the twelve months stipulated (namely by November 2019), but it is further noted that the Respondent's mentor reported that the delay in the inspection date to March 2020 was through no fault of the Respondent, and there were thereafter some delays from March 2020 onwards as a result of the Covid Pandemic.

Appointment of a mentor

- (i) *To appoint within 56 days of today's date a Mentor, to be approved by the RCVS (Professional Conduct Department), to provide advice and guidance to me on my practice, for a period of 2 years from today's date (or such of that period as may remain at the time of the appointment), and to provide the Mentor with a copy of the decision given by the Disciplinary Committee in*

relation to the Hearing and the Personal Development Plan (prepared in accordance with 1 above) so that the Mentor can monitor, review and evidence my progress against the Plan and the Practice Standards Scheme.

- (ii) To follow such advice and guidance as may be provided by my Mentor during the period of the Mentor's appointment*
- (iii) To provide to the Chair of the Disciplinary Committee progress reports at quarterly intervals (1 March, 1 June, 1 September and 1 December) throughout the 2 year period of these undertakings together with reports from my mentor evidencing my compliance with the terms of the Personal Development Plan*

13. The mentor appointed was Steven Hancox MRCVS. Dr Hancox provided his first report (later than required) on 12 June 2019. Further regular reports were included in the Bundle.

Continuing Professional Development

In addition to the recommended minimum 35 hours annual CPD:

- (i) to complete up to a minimum of 35 hours verifiable CPD in total annually in the areas identified in the Personal Development Plan as may be recommended by my Mentor*
- (ii) to submit quarterly reports of courses completed with details of the course provider, copies of course content and any certificates achieved to the Chair of the Committee.*

14. The Respondent provided details of the CPD he had undertaken as follows:

2018 - between November and December: 28.5 hours

2019: 78.5 hours

2020 up to 6 November 2020: 58 hours

2020 from 6 November to end of 2020: 19 hours

2021: 16 hours to date.

Costs

To pay all the costs of complying with the undertakings including the appointment of and work undertaken by the appointed Mentor.

15. The Respondent confirmed that he met the costs of the undertakings. The College confirmed that it has not been called upon to meet any of these costs.

Further Undertakings, October 2020

16. The hearing was originally due to resume in October 2020, but it was postponed, with the Respondent providing further undertakings, as set out below (with some further comments).

Compliance with Personal Development Plan

To comply with the Personal Development Plan submitted by me to the Royal College of Veterinary Surgeons on or about 4 December 2018 and amended on or about 17 June 2019.

17. The Respondent has referred to compliance with the PDP in his statement at page 2, paragraph 17 of the Respondent's bundle.

Achievement of core standards of Practice Standards Scheme

To achieve the core standards of the Practice Standards Scheme within 6 months of today's date.

18. As noted above, the Respondent's practice was accredited at Core Standards in April 2021.

Further Meeting with Veterinary Mentor

- (i) To arrange a further meeting with Mr Steve Hancox BVSc CertVR CertSAS MRCVS, the Mentor approved by the RCVS (Professional Conduct Department) to provide advice and guidance to me on my practice, such meeting to take place between now and the resumed hearing of this matter but no later than 28 days before the date of the resumed hearing.*
- (ii) To follow such advice and guidance as may be provided by my Mentor between now and the resumed hearing.*
- (iii) To request my Mentor to provide to the Chair of the Disciplinary Committee, following the further meeting referred to at sub-paragraph 3 (i) above, a final progress report evidencing my compliance with the terms of the Personal Development Plan such report to be provided no later than 28 days before the date of the resumed hearing.*

19. Dr Hancox's final report, dated 21 March 2021, appeared in the Bundle.

Training and CPD

In addition to the recommended minimum 35 hours annual CPD:

- (i) by 31 December 2020 to have completed during 2020 up to a minimum of 35 hours additional verifiable CPD in total in the areas identified in the Personal Development Plan as recommended by my Mentor;*

- (ii) to submit to the Chair of the Committee by 31 January 2021 a report of courses completed between now and 31 December 2020 with details of the course provider, copies of course content and any certificates achieved;*
- (iii) from 1 January 2021 until the date of the resumed hearing, to continue to undertake verifiable CPD in the areas identified in the Personal Development Plan as recommended by my Mentor additional to the recommended minimum 35 hours annual CPD;*
- (iv) to submit to the Chair of the Committee by no later than 28 days before the date of the resumed hearing a report of CPD completed from 1 January 2021 with details of the course provider, copies of course content and any certificates achieved.*

20. As noted above, the Respondent provided evidence of CPD undertaken in 2020 and 2021.

Costs: To pay all the costs of complying with the undertakings including the appointment of and work undertaken by the appointed Mentor.

21. Again as noted above, the Respondent confirmed that he met the costs of the undertakings. The College confirmed that it had not been called upon to meet any of these costs.

Oral evidence of Dr Hancox

22. At the invitation of the Disciplinary Committee, the College called Dr Hancox to give evidence and tendered him for questions. In his evidence, Dr Hancox, who was appointed by the Respondent as his mentor in January 2019 pursuant to the undertakings, stated:

- The Respondent's level of engagement was very good; he had engaged with him very well;
- The Respondent had shown great interest in continuing his professional development. Any suggestions which he had made were always taken on board with enthusiasm;
- He had discussed future development and sustaining the changes he had made to his practice with the Respondent. He felt the changes were sustainable;
- He had conversations with the Respondent about continuing his mentoring. They both realised it was an ongoing process and that changes are still to be made. He referred to the Practice Standard Scheme's suggestion that the practice should no longer rely on hand-written notes and its recommendations concerning length of consultations;
- He stated that he was happy to reinforce what they had talked about and to continue to provide a mentoring service.

The Respondent's Witness Statement

23. The Respondent gave oral evidence in which he confirmed the contents of his two witness statements dated 10th and 13th May 2021. In the former he provided a comprehensive update, setting out the current workings of his practice, his responses to the undertakings that were imposed, by the DC and his comments on the findings of the recent Practice Standards Scheme inspection("PSS").
24. He explained that the practice now has around 3880 clients registered on its books at any given time. This amounts to roughly 3000 small animals and 870 horses. No small animal operations are carried out on Saturdays due to the difficulties with supervised recovery and aftercare after 12 noon. This also applies after 5pm on weekdays. The practice now refers operations to Pet Medics at these times. Currently he has three members of staff, including himself, employed on a full time basis. During the Covid outbreak he was assisted by only one member of staff working at the practice.
25. He prepared and submitted a PDP to the RCVS through the online portal on 4 December 2018. Following the report from his mentor, Dr Hancox, dated 12 June 2019, he added to the PDP to include Dr Hancox's initial recommendations on 17 June 2019. This updated version covered all the undertakings and so was not added to again. He then focused on implementation of the plan and had complied with the terms of the plan and the undertaking in this regard to date.
26. He referred to all the CPD which he had undertaken since the Hearing in 2018. This included certificates of courses attended, the reading of relevant journals along with referrals of animals to other practices. He explained that he had claimed CPD hours in respect of these referrals as he had taken the time to read around what the respective practice had done and said on each occasion in relation to each case.
27. He explained that he had met the CPD requirement of the undertakings, and attached a list of the CPD undertaken in 2020 from the College online portal. He had kept a record of the CPD he had undertaken in 2018 and 2019 and exhibited this to his witness statement. He also stated that in 2020, due to the restrictions imposed because of Covid, only 26 hours of CPD were required; nevertheless, he still undertook the full amount of CPD hours usually required and completed 77 hours of CPD in total in 2020. He also included some documents evidencing referrals he had made, to demonstrate how he now practises. One referral was to Pet Medics and the other was to Rutland House. He confirmed he had paid all the costs of complying with the undertakings.
28. He explained that the Practice was accredited at Core Standards under the PSS Scheme following inspections by Ms Glassbrook in October 2020 and February 2021, within the period of time agreed with the RCVS at the Case Management Conference in October 2020. He attached the certificate dated 13 April 2021.
29. He referred to the appointment of Dr Hancox as his mentor, following confirmation on 22 January 2019 that the College had no objections. He stated that he had followed the advice and guidance of Mr Hancox over the last two years, and that he had found him to be both helpful and supportive and had enjoyed the experience. Mr Eccles then set out his responses to the issues and recommendations offered by Dr Hancox.

31. Both Dr Hancox and Ms Glassbrook had suggested that the Practice should implement a practice management system to store and input client records. Unfortunately, due to COVID and time requirements, he had not been able to implement that recommendation. He had met with a supplier on 27 April 2021.

32. Mr Eccles submitted a reflection as part of his witness statement as follows.

'I would submit that the impact the judgment of the Disciplinary Hearing in November 2018 had on me was quite profound as it made me question the way I had been operating my practice on a day-to-day basis for a number of years. We triage cases much more carefully and take less account of what clients would like us to do and focus more on best outcomes for the patient. Therefore, we refer many more cases and have better, more frequent communication with other practices, laboratories and other experts in order to glean information to try to ensure better outcomes.

As a single-handed practice, which currently only employs three people, much of the Health and Safety legislation did not have to be put into writing and if I am being honest was probably not considered rigorously enough. Undertaking the PSS has involved me looking at everyday issues and as such we have come to embrace a new and improved way of working. It has now become second nature, for example, to consider risk assessments from where we stack delivery boxes to the disposal of Schedule II drugs.

My mentor, Steve Hancox has pursued a much more academic career than I have and has worked 'in several large hospital type practices so is well versed in modern veterinary procedures. His quiet, kind guidance has been much appreciated and well received by my staff and myself. As a sole practitioner it has also been of great assistance for me to have "a second pair of eyes" to discuss individual cases, policies and procedures and to bounce ideas off. We have also canvassed opinion and learnt better ways of working from several of the local practices. We have also received more assistance from them and I feel we now work on a par with them. I recognise that I have learnt a great deal from this situation through my mentorship with Mr Hancox and will continue to build on this. I am confident that the progress we have made as a practice and the way in which it is now set up means that the errors seen in the Leo C case could not happen again.'

33. In his oral evidence, the Respondent apologised to Mr and Mrs C for the care he gave to Leo. He said he feels that he let them down and himself down – in not having sufficient knowledge to recognise Leo's needs and to provide him with a sufficient level of care. He stated that he intended to stay in contact with Dr Hancox, albeit not so frequently. He was engaged in an ongoing process to make many small improvements in his practice. Having been accredited at core standards in the PSS Scheme, he considered he was now at a level to make future improvements to his practice and to provide a good service. He said he still required more input and that Dr Hancox would be a second pair of eyes.

34. In answer to questions from the Committee, he said he enjoyed the process of mentoring and in making improvements to his practice. He found it stimulating. He had identified gaps and he enjoyed filling these gaps. It had stopped him from getting stale. He

acknowledged that he had rather taken CPD for granted, concentrating on his equine practice. He had not thought about other subjects. He stated that “you don’t necessarily know where you need to make improvements”. As an example he said that he had found that following a CPD course in abdominal surgery, which he frequently undertakes, there were things he did not know which he had to learn.

The College’s submissions

35. Ms Curtis submitted that it was a matter for the Committee as to its decision on the Respondent’s compliance with the undertakings and what, if any, action it should take in relation to sanction at this stage. The College has taken the view that, although there have been some aspects of the requirements that have taken longer than stipulated in the undertakings, overall there has been reasonable compliance with the undertakings over the past two years and six months.

Respondent’s submissions

36. Mr Weston made the following submissions:

- a) The Respondent had now complied with each and all of the undertakings he gave in November 2018
- b) Whilst that compliance was delayed, the delay was substantially caused by the effects of the Covid pandemic, and at the Case Management Conference on 28 October 2020 the period for compliance with the undertakings was extended.
- c) In his witness statement, the Respondent set out the basis for his compliance with those undertakings and highlighted the steps in hand having received his Mentor’s final report. Further, the Respondent had addressed how his practice had been affected by the performance of those undertakings and his insight into the benefits of that performance.
- d) In those circumstances the Committee, in considering the appropriate sanctions under the Rules, has a choice between either putting in place a further period of postponement under Rule 19.3 or imposing a sanction under Rule 18.4. 5. Mr Weston submitted on behalf of the Respondent that:
 - i) A further period of postponement was neither necessary nor otherwise justified at this stage. The Respondent had met the undertakings of his first postponement, and those undertakings were extensive, thorough and meaningful.
 - ii) Compliance with those undertakings was the best evidence that the Respondent had taken effective steps to protect the public, animals and the reputation of the profession.
 - iii) A sanction of removal or suspension would be excessive in the context of the case, now that the Respondent had complied with those undertakings and

had demonstrated his insight into his practice that led to the disciplinary proceedings in 2018.

- iv) An appropriate, proportionate sanction would be that identified in Rule 18.4(c), and the Committee was invited to consider a reprimand as an appropriate sanction.

37. Mr Weston added to those submissions:

- a) the Respondent had committed himself back to the profession in the period since November 2018. He had done everything which was expected of him.
- b) He could not have asked for a more positive response from Dr Hancox.
- c) It was clear he had significant insight into his practice.
- d) He may not be at the end point of development but he can always call upon Dr Hancox. There will be things he has to learn but he has emerged from his complacency by complying with the undertakings. He will be able to continue to improve his practice.
- e) There was now protection for the public.
- f) He offered an appropriate apology to the Cs for the impact his actions had upon them.
- g) A reprimand and / or a warning was the appropriate sanction.

Legal Advice

38. The Legal Assessor gave the following advice:

'This is the resumed hearing of the case of Mr David Eccles. He originally appeared before the Disciplinary Committee on 5 and 6 of November 2018 and was found guilty of disgraceful conduct in a professional respect. The Disciplinary Committee decided to postpone judgment for two years on the basis of undertakings agreed and signed by the Respondent on 6 November 2018. The resumed hearing in November 2020 was adjourned to the current date on further undertakings.

When a matter comes before the Disciplinary Committee on the resumed hearing following a postponement of judgement, the Disciplinary Committee has the task of determining what sanction it should impose on the Respondent's registration. The determination of disgraceful conduct in a professional respect remains and that is the primary basis upon which the Disciplinary Committee starts to determine sanction.

However, when the Disciplinary Committee determined to postpone judgement, it did so on the basis of agreed undertakings. In the determination it said:

'The purpose of sanction is not to punish the Respondent but to seek to ensure the Respondent's diagnostic, surgical and prescribing skills are subject to immediate supervision with a view to ensuring a rapid improvement in each of them. This is necessary to ensure the welfare of other animals which the Respondent may be called upon to treat in the future.'

In respect of the undertakings, the Disciplinary Committee said this:

'These undertakings are a necessary requirement of the decision of the Committee. This is because it takes the view that Leo's suffering was eminently avoidable. Had he received competent diagnostic care, had his surgery been competently performed, had he not received the medication that the Respondent administered and/or had his aftercare been of an acceptable standard, he would not have had his welfare unnecessarily compromised. The Committee is determined to ensure that there is no repetition of the many and serious mistakes which the Respondent made when Leo was under his care. This is necessary to ensure the proper protection of the welfare of animals which the Respondent may be called upon to treat in the future.'

The resumed hearing therefore takes place in this context. In effect it gives the Respondent an opportunity to demonstrate that he has delivered on the undertakings which he gave and which were accepted by the Disciplinary Committee in November 2018 and then again at the adjournment in October 2020, and it gives the Disciplinary Committee an opportunity to assess whether he has in fact done so.

On a resumed hearing in these circumstances the Sanctions Guidance applies. I therefore draw the attention of the Disciplinary Committee to the relevant paragraphs of the Guidance:

The purpose of sanctions: paragraph 29

Proportionality: paragraphs: 30 to 33

Aggravating and mitigating features: paragraphs 38 to 46

Personal mitigation: paragraphs 47 to 49

The sanctions available to the Disciplinary Committee are as follows:

A further postponement of judgement of up to 2 years; Rule 19.3(d). I advise that the further period should in fact be limited to 18 months in order to reflect the additional 6 months postponement agreed when the resumed hearing was adjourned in October 2020.

A reprimand or warning as to future conduct; - paragraph 66

A suspension of the Respondent's name from the register for a specific period not exceeding 2 years; paragraphs 68 and 71

A direction for the removal of the Respondent's name from the register. Paragraphs 73 to 75'

The Committee's Reasoning and Decision on Sanction

39. The Committee has considered the evidence of Dr Hancox and of Mr Eccles and listened carefully to the submissions of counsel. It is mindful of the need to act with proportionality and to take account of any aggravating and mitigating factors. The Committee is aware that the option of taking no further action is not available to it.
40. The Committee reflected upon the determination whereby Mr Eccles was found guilty of disgraceful conduct in a professional respect. It accepted that the Committee which had adjudicated on that issue and which postponed judgment for two years, had reached a view as to the manner in which Mr Eccles could address his shortcomings. That Committee considered that compliance with undertakings was the appropriate method by which that could be achieved. The Committee today consider that in November 2018, Mr Eccles practice had fallen significantly short of an acceptable and adequate standard. He was a sole practitioner who had drifted away from professional standards.
41. The Committee today consider that Mr Eccles has met the undertakings which he accepted in November 2018 and again in October 2020 when the resumed hearing was adjourned owing to Covid-19. It accepts the College's analysis as to how those standards have been met. It notes that Mr Eccles' practice has achieved accreditation in Core Standards under the Practice Standard Scheme, something which is voluntary in ordinary practice. That is an exacting scheme. He has engaged with his mentor Dr Hancox and had indicated that he will continue to do so as the need arises in order to maintain his development. The PSS accreditation will be renewable in October 2024, something which will oblige him to maintain standards if he is to be awarded it for a second time. He has met the objectives which he set out in his PDP. Although his reflective piece in his witness statement was not as convincing as some which the Committee has seen, the Committee accepts that he is now aware of his limitations and the need to refer cases when he does not have the necessary expertise to treat them. Further it accepts that the Respondent has learned a great deal from the significant CPD which he has undertaken. Both he and his mentor recognise that the learning process is not at an end. Nevertheless, the Committee can and does accept that whilst the Respondent has not achieved a gold standard in his practice, he has achieved an adequate standard so that the Committee can acknowledge that he is a safe practitioner.
42. The Committee also recognises that this was a single incident in a long career. It accepts that he has shown insight into his shortcomings. He understands what went wrong and why. The Committee was impressed with Mr Eccles' statement of apology in his oral evidence today. He understands that he was perhaps guilty of complacency at the time of the events in question, concentrating on his equine practice. The Committee found the language which he used in answering its questions, as to the effect compliance with the undertakings has had upon him professionally, reassuring. He said he had been rejuvenated and stimulated; he had renewed enthusiasm for the profession.

The Committee commends him for exceeding the minimum requirement of the undertakings, despite the stressful context of the Covid-19 pandemic.

43. In view of Mr Eccles stated commitment to ongoing professional development, including ongoing mentorship support, the Committee considers that postponing judgment would not achieve any useful purpose.
44. The Committee went on to consider whether it should impose a reprimand and /or a warning. It reflected upon the fact that Mr Eccles has demonstrated considerable insight and met the undertakings agreed in November 2018 and October 2020, and that the priority which it should respect is the provision of adequate protection of animals as well as maintaining the confidence of the public in the profession. In this context, it determined that a reprimand and a warning is the appropriate sanction.
45. The Committee therefore issues Mr Eccles with a reprimand and a warning as to future conduct.

DISCIPLINARY COMMITTEE
26 MAY 2021