

**ROYAL COLLEGE OF VETERINARY SURGEONS
VETERINARY NURSE DISCIPLINARY COMMITTEE**

INQUIRY RE:

MR ROBERT RYAN DRUMMOND RVN

DECISION OF THE VETERINARY NURSE DISCIPLINARY COMMITTEE

Hearing 27-29 October 2025

1. Mr Drummond appeared before the Disciplinary Committee ("the Committee") to answer the following Charge:

THAT, being registered in the Register of Veterinary Nurses, you:

1. On or around 4 August 2023, whilst in practice [REDACTED]
- [REDACTED]
- a. took Lidocaine, a Prescription Only Medicine, from the [REDACTED] branch;
 - b. took the said Lidocaine other than in accordance with a valid prescription;
 - c. took the said Lidocaine other than in accordance with direction from a veterinary surgeon;
 - d. took the said Lidocaine dishonestly. At the material time, you knew the said Lidocaine did not belong to you, you were taking it in the circumstances set

out at paragraphs 1(b) and/or 1(c) above, and in any event you were not permitted to take it. In light of that knowledge, taking the said Lidocaine was dishonest by the standards of ordinary decent people; and/or

- e. injected yourself with the said Lidocaine when due to be working as a veterinary nurse at the [REDACTED] branch that afternoon.

2. On 6 September 2023, whilst in practice [REDACTED]
[REDACTED]:

- a. took 5ml of Alfaxan, a Prescription Only Medicine, from the [REDACTED] branch or the [REDACTED] branch;
- b. took the said Alfaxan other than in accordance with a valid prescription;
- c. took the said Alfaxan other than in accordance with direction from a veterinary surgeon;
- d. took the said Alfaxan dishonestly. At the material time, you knew the said Alfaxan did not belong to you, you were taking it in the circumstances set out at paragraphs 2(b) and/or 2(c) above, and in any event you were not permitted to take it. In light of that knowledge, taking the said Alfaxan was dishonest by the standards of ordinary decent people; and/or
- e. injected yourself with the said Alfaxan while on duty as a veterinary nurse at the [REDACTED] Branch.

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

Preliminary matters

Application for the entirety of the hearing to be held in private and for the Respondent to be anonymised

3. At the outset of the hearing, Mr Maltman made an application for the entirety of the hearing to be held in private and for the Respondent to be anonymised. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

■ [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

■ [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

■ [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

7.

[REDACTED]

[REDACTED]

■

[REDACTED]

■

[REDACTED]

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

11. The Committee, therefore, decided to hold the entirety of the hearing in private as [REDACTED]
[REDACTED] it was
necessary to protect his privacy. The Committee also decided, [REDACTED]
[REDACTED] to anonymise the Respondent's name and the address of the Practice, so
that he could not be identified. Anonymisation of the Respondent was removed at the
review Hearing on 30th June 2026 and therefore the Respondent is thus referred to as
either the Respondent or Mr Drummond in this determination.

Admissions

12. On behalf of Mr Drummond, Mr Mark Maltman (a non-legal representative from the
Veterinary Defence Society) indicated that all the alleged facts were admitted, save for
Particular 1(e).

13. Accordingly, the Committee found all the facts proved on the basis of the admissions
made, save for Particular 1(e), and dispensed with the need for the College to call any
evidence on the proven facts, in accordance with Rule 23(5) of the Veterinary Surgeons
and Veterinary Practitioners (Disciplinary Committee) (Procedure and Evidence) Rules
Order of Council 2004.

14. Mr Maltman also indicated that in respect of the matters admitted, Mr Drummond
accepted his conduct amounted to disgraceful conduct in a professional respect.

Background

15. Mr Drummond is a Veterinary Nurse (“VN”) regulated by the College. He has been registered on the College’s VN Register since 2017. Mr Drummond worked as a locum VN at [REDACTED] (the “Practice”) from around Spring 2023 to early September 2023.
16. The Practice is part of the [REDACTED] veterinary group and Mr Drummond worked at two branches of the Practice, namely [REDACTED]
[REDACTED]
17. Charge 1 alleged that on 4 August 2023, while in practice at the [REDACTED], (a) Mr Drummond took Lidocaine from the [REDACTED]. Lidocaine is a Prescription Only Medicine – Veterinary (“POM-V”). It was further alleged that Mr Drummond took the Lidocaine other than in accordance with (b) a valid prescription or (c) direction from a Veterinary Surgeon (“VS”) and (d) his taking of the Lidocaine was dishonest. All of this Mr Drummond admitted. On Mr Drummond’s account *“there was roughly 1.5mls left of a 1% bottle that I drew up into a 3ml syringe.”* However, Mr Drummond denied that he injected himself with the Lidocaine - Particular 1(e).
18. Jennifer Cunningham and Laura Rae, members of the public, were present in a car park behind the [REDACTED] Branch at around 3.15pm on 4 August 2023. Mr Drummond was also present. Ms Cunningham and Ms Rae saw Mr Drummond in his car. Ms Cunningham described him as slumped in the driving seat with his head hanging forward and his eyes closed: he looked like he was asleep. She saw that he was holding a syringe, which, she said, he was injecting into his skin between his thumb and forefinger of his left hand. Both women went into the Practice and told the receptionist, Ms Kelsey Frew, what they had seen.
19. Between 7 and 9 Aug 2023, the Practice held two investigation meetings at which Mr Drummond was asked, and he answered, questions about the allegations.
20. On 31 August 2023, the College contacted Mr Drummond asking him for his written comments on the account of his conduct on 4 August 2023, as provided to the College by Ms Cunningham. In a telephone note the same day, Mr Drummond is recorded as having said he was aware of the matter, but said that [REDACTED] had carried out a thorough investigation and found nothing.

21. The second set of allegations are that on 6 September 2023, whilst in practice at the [REDACTED] (a) Mr Drummond took 5 ml of Alfaxan from the [REDACTED] Branch. Alfaxan is also a POM-V. Mr Drummond took the Alfaxan other than in accordance with (b) a valid prescription or (c) direction from a VS and (d) his taking of the Alfaxan was dishonest. (e) Mr Drummond injected himself with the Alfaxan while on duty as an RVN at the Irvine Branch. Mr Drummond admitted all these allegations.
22. Mr Drummond was working at the [REDACTED] branch of the Practice on 6 September 2023. Staff at the Practice described Mr Drummond as unshaven, dishevelled and unkempt. Sometime in the afternoon, staff heard a loud noise come from the bathroom area of the Practice. On going to investigate they discovered Mr Drummond on the floor, with his scrub trousers and underwear lowered to around his ankles, so that he was naked from the waist down. He was curled up in a foetal position and appeared to be unconscious. He was breathing, but rigid and unresponsive and did not respond to any verbal communication. An ambulance was called. After about five minutes, Mr Drummond gradually began to regain consciousness and moved to pull his trousers and underwear up. When he moved, RVN Heather Gale noticed a syringe on the floor that had been underneath Mr Drummond. She recalled that it was a 2.5ml syringe with either a 21 or 23 gauge needle attached. She noticed the syringe was empty and that there was blood on the needle.
23. Ms Gale went on to say: *"I helped Mr Drummond to stand up. As he was becoming more alert, he started to become annoyed and agitated. He said that 'it isn't what you think'. I replied that I was only concerned that he had fallen and hit his head. I told Mr Drummond that we had called for an ambulance. Mr Drummond became anxious when he heard this and replied firmly that he did not need an ambulance."*
24. Ms Gale said that after the ambulance had left, with Mr Drummond saying he did not need any help, he then spoke to her and Mara Binning MRCVS, the Clinical Director of the Practice. Ms Gale said:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

25. In a letter dated 17 September 2023, Mr Drummond said to the College:

"I have read through both witness statements provided and can confirm almost all of which has been said is a true account of what happened from my memory. The only thing that I have found to be incorrect is what it was I had in the syringe. I want to make it very clear I did not take the medication to get a "high". I took 5mls of alfaxalone and did not touch the opioids, i can't remember 100% but im sure the methadone and buprenorphine I transported were both un-broached bottles with snap off plastic lids. I want to express my deepest apologies to all involved for any upset or stress that I have caused ..." [sic]

26. Dr Binning confirmed that alfaxalone (sold under the brand name Alfaxan) is used for sedation and induction of anaesthesia in dogs and cats. She added that whilst alfaxalone can only be used by a Veterinary Surgeon, it is not a controlled drug.
27. Mr Drummond subsequently decided to stop working as a locum at the Practice, following the incident on 6 September 2023.
28. In a letter to the College dated 10 November 2023, Mr Drummond said:

"I had been warned prior to the nail clip that the dog in question had extremely long quicks that sometimes bleed when cut. I routinely use intubeeze for nail clips/removals that involves potential pain as the cutting in itself hurts but I have found many patients react when a caustic pen is used so prior to using it I would normally spray the area or apply a sprayed cotton pad to the affected claw. At Collier and Brock all the opened unused local is kept right next to the intubeeze bottles on the shelf and on this day there was roughly 1.5mls left of a 1% bottle that I drew up into a 3ml syringe. I put the syringe in with the cotton pad and caustic pen to take along to the nail clip. The local had been dispersed onto the cotton pad during the time of the nail clip and did not need to be used.

I have been witnessed doing this countless times by the staff at C&B with regardless of using topical local for all things painful.

Retrospectively permission was given but this was not the case at the time. This is not something I have done before and am sincerely sorry for this. On reflection I understand the local anaesthetic should not have been taken without being prescribed by a veterinary surgeon on duty at the time of the request and I as an RVN do not have the capacity to prescribe a POM or POM-V medication.”

29. In a letter dated February 2025, Mr Drummond provided, *inter alia*, the following comments:

“The witness statements from the practice staff are clear that it was common for me to have a sleep during my lunch break [REDACTED]

This is what I was doing in my car on 4th August 2023. The statements are also clear that when I returned to the practice after my lunch break there was nothing to suggest I was under the influence of drugs, which would have been the case had I injected myself with them as Mrs Cunningham suggests I did. The reality is that Mrs Cunningham was mistaken, I was doing no such thing.

In paragraph 7 of her statement Mrs Cunningham says that apart from the glass window there was nothing obstructing her view of me. The front windows of my car are slightly tinted, and it was a sunny day so there would have been a reflection off the glass. Therefore, I do not see how Mrs Cunningham could have seen things as clearly as her statement suggests.

In paragraph 9 of her statement Mrs Rae says it looked to her like I was sleeping: I was. I am not sure how I could have been injecting myself (as Mrs Cunningham suggests I was in paragraph 8 of her statement) if I was asleep. If I seemed “out of it”, as Mrs Cunningham suggests in paragraph 10 of her statement, then that was because she had just woken me up. I do not think it is unusual for people who have just been woken up to be dazed and not fully aware of their surroundings.”

30. The College relied on the evidence of eight witnesses as follows:

- Heather Gale RVN
- Kelsey Frew - receptionist
- Elizabeth Frew
- Johanna Forsyth MRCVS
- Honor Etherington MRCVS - Senior Veterinary Regulatory Advisor [REDACTED]
- Mara Binning MRCVS - Clinical Director of the Practice
- Jennifer Cunningham - eye witness
- Laura Rae - eye witness

31. The evidence of Heather Gale, Kelsey Frew, Elizabeth Frew and Johanna Forsyth was all agreed and there was no need, therefore, to call these witnesses to give evidence.

Determination on the Facts

32. The Committee considered with care all the evidence relied on by the parties, together with the submissions made by Mr Hopkins on behalf of the College and Mr Maltman on behalf of Mr Drummond. The Committee accepted the advice of the Legal Assessor and bore in mind that it was for the College to prove the disputed facts and to do so to the highest civil standard of proof, that is to say the Committee must be sure of the matters alleged in order to find them proved. In reaching its decision on the disputed facts the Committee took into account all the oral evidence, together with the documents relied on by both parties.
33. As indicated above, the single issue of fact for the Disciplinary Committee was whether, on 4 August 2023, Mr Drummond injected himself with the Lidocaine in the car park. The Committee found all the other facts alleged proved on the basis of the admissions made by Mr Drummond.
34. The principle witness for Particular 1(e) was Ms Cunningham. In her evidence she said, *inter alia*:

"I could see that there was someone in the driver's seat of the parked car and so when I got close to my car, I expected that they would notice me and close their door so I could open my door but they did not.

I therefore got closer to the door and the person who was in the driving seat. By this stage I was very close to the window and therefore I was less than one meter from the person sat in the car. I think, but I cannot be sure, that the window was partially open as well. Apart from the glass of the car window, there was nothing obstructing my view of the person sat in the driver's seat of the car. I noticed that the person sat in the driver's seat of the car was a man. He appeared to be slumped in the driving seat with his head hanging forward and his eyes closed. He looked like he was asleep.

As I started to speak to ask him to close his car door, I noticed his hands which were both in his lap. I saw that he was holding a syringe which he was injecting into his skin between his thumb and forefinger. I cannot be sure, but I think the hand receiving the injection was his left hand which was closest to the passenger side of the car. I could see that there was a drop of blood on the needle of the syringe. It was a small syringe, but I cannot remember anything else about the syringe or needle. As I have already said I was very close to the driver's door window and therefore less than one meter from where he was sat in the driver's seat. The only thing between us was the glass in his car window and I think, but cannot be sure, that this was partly open. I had a clear view of what was happening and I am sure that I saw a syringe and needle which was being injected into his hand.

I finished asking him to close his car door and he did so. He opened his eyes and looked at me but my impression was that he was not fully aware of his surroundings and his eyes looked glazed to me, as if they were not focussing properly." [sic]

35. There was also a written record of a telephone conversation Ms Cunningham had with a member of the RCVS, when she first raised her concerns to them on 7 August 2023, shortly after the incident in question. That record mirrored the above.
36. In her oral evidence, Ms Cunningham remained resolute about what she had seen. She said she had parked her car in [REDACTED] on 4 August 2023 and then went for a walk with

her friend Laura Rae. When they returned to her car at about 3.15pm, she saw the car parked next to hers had the driver's door open, preventing her from getting into her car. She could see a man sitting in the driver's seat. She was adamant that at one metre away she could see the man clearly and what he was doing and that he was injecting into his skin between his thumb and forefinger. Ms Cunningham said she asked the man to close his car door and he did so, allowing her to then get into her car. Ms Rae was already in her car and Ms Cunningham told her what she had just seen.

37. Ms Cunningham said she was concerned for the health of the man and also concerned lest he should drive whilst under the influence of drugs, so she decided to speak to him. She got out of her car and asked the man if he was unwell. She could no longer see the syringe and needle. The man replied saying words to the effect of, *"No, I am just having a wee sleep, I am fine, I am at the vets."* Ms Cunningham said her impression was that he slurred the words and his eyes looked glazed, so she was not reassured by his answer, so she asked *"Are you sure?"* The man, Mr Drummond, replied, *"I am honestly ok. I am just having a wee sleep, I am at the vets."* Ms Cunningham said his voice still seemed slurred, he did not say anything further and closed his car door.
38. Ms Cunningham was shown a photograph of Mr Drummond's hand [REDACTED]
[REDACTED] She said the photo showed a different place and was not the area which she said was being used to inject his hand, which was between his thumb and forefinger.
39. Ms Cunningham said she was still concerned about the man and discussed with Ms Rae what she should do and they decided to go to the Practice to share the concerns. At the Practice they spoke with the receptionist about what they had seen. Ms Cunningham said she was later able to identify the man as Mr Drummond from looking at the Practice's Facebook page, as shown to her by Ms Rae.
40. Ms Cunningham was asked by Mr Maltman, *"Mr Drummond says he was not injecting himself but he did have a vape. Can you be absolutely certain that it was not a vape or something else?"* "Yes", said Ms Cunningham. She was also shown a photograph of a hand holding a green vape and asked if that could have been what she saw. She responded *"I don't recognise that."* She also told the Committee that she had been a

therapeutic radiographer and worked in a hospital for 13 years, so was familiar with what a syringe looks like. She had also experienced injections with herself being the patient.

41. Ms Rae also gave evidence. She confirmed she had gone to [REDACTED] with Ms Cunningham, they had parked the car and been for a walk and on their return there was a car next to Ms Cunningham's with the driver's door open, preventing Ms Cunningham from getting into her car. Ms Rae said she could see the man in the front seat of the car. She heard Ms Cunningham ask the man to close his car door and she, Ms Rae, got into the front passenger seat of Ms Cunningham's car. Ms Rae said that when Ms Cunningham got into her car she was worried about the man *"because she had noticed he had a syringe and needle in his hand and she had seen him inject the needle into his wrist."* Ms Rae said she looked across at the man and it looked like he was sleeping. She could not see anything else from where she was sitting. In oral evidence Ms Rae said she may have assumed 'wrist' rather than having been told it by Ms Cunningham as *"there's not much to inject in a hand."*
42. Ms Rae said that Ms Cunningham was concerned about what she had seen and got back out of the car to ask the man if he was okay. She said she could see that the man opened his eyes when Ms Cunningham spoke to him and her impression was that the man *"was not 100% well."* She said the man spoke with an English accent and sounded like he was under the influence of alcohol, in that he was slightly slurring his words. Ms Rae heard the man make reference to being tired and being at the vets and he was having a nap.
43. Ms Rae went on to say that because Ms Cunningham was still concerned, they went to the Practice nearby and voiced their concerns. Ms Rae confirmed that from looking at the Practice's Facebook page they were able to identify the man as Mr Drummond.
44. Ms Kelsey Frew's agreed evidence was that two women had come into the Practice and spoken to two other members of staff about something they had seen. She said that when Mr Drummond came back into the Practice he seemed coherent and was not slurring his words. He told her that he had been sleeping in his car and was woken up by a woman knocking on his window. Ms K Frew said that Mr Drummond invited them to check his arms. She did not do so, but she saw Mr Drummond roll up his sleeves and saw two other members of staff looking at his arms.

45. Ms Elizabeth Frew's agreed evidence was that she spoke on the telephone with Mr Drummond on 4 August 2023. He gave his version of events to her and Ms E Frew said he spoke clearly, concisely and she had *"no suspicions that he was under the influence of drugs which he had not been prescribed."*

46. Dr Binning MRCVS gave evidence. Although not working on 4 August 2023, as Clinical Director of the Practice, she received a phone call that day about a complaint from a member of the public concerning Mr Drummond. Dr Binning escalated the complaint to [REDACTED] the same day and spoke to Dr Forsyth MRCVS. An investigation meeting with Mr Drummond was arranged for 7 August 2023. On that day, Dr Binning telephoned Ms Cunningham in order to hear her account of what had happened. She made a note of that conversation, typing it up the same day. Dr Binning said that during the investigation meeting, Mr Drummond said he had been sleeping in his car [REDACTED]

Dr Binning said that Mr Drummond admitted to having a syringe and needle in his car and that there was local anaesthetic in the syringe. There were also some animal nail clippers.

47. Dr Binning went on to say, *"Robert told me he had taken a vial of local anaesthetic. I cannot remember if he specifically mentioned that the local anaesthetic was Lidocaine in the first investigation meeting. Robert told me he had also taken some nail clippers to use when he cut the nails of the dog [REDACTED] He subsequently, in the second investigation meeting, said that the local anaesthetic was Lidocaine."*

48. Dr Binning added that:

"The Practice has a Drugs Protocol for controlled drugs, these are drugs which must be stored securely at the Practice. The purpose of the Drugs Protocol is to make sure that the quantities of controlled drugs held correspond to what is recorded in our controlled drugs book. Lidocaine, the local anaesthetic Robert admitted to taking from the Troon Branch, is not a controlled drug and so would not have been accounted for in the controlled drugs book. Robert should not have taken any drugs out of the Practice and he should have asked permission before taking the local anaesthetic. It

is a prescription only medicine and so should only be provided with a prescription from a veterinary surgeon. Registered Veterinary Nurses can only use drugs under the supervision of a veterinary surgeon. Robert confirmed in the investigation meeting that he did not have permission to take the local anaesthetic on 4 August 2023."

49. Dr Binning also said that her understanding from the meeting with Mr Drummond was that he took the local anaesthetic to use it on a dog [REDACTED] when cutting its nails.
50. In her oral evidence, Dr Binning confirmed the content of her statement. She added that it was not unusual for Mr Drummond to sleep during his lunch break, [REDACTED]
[REDACTED] She confirmed that she spoke to Ms Cunningham on the Monday and was told about the syringe, needle and blood on the end of the needle. She confirmed that it was Mr Drummond that had told her it was Lidocaine in the syringe and that it was for use on a dog when clipping its nails. Dr Binning said she had no reason to doubt what Mr Drummond had told her.
51. There was a second meeting with Mr Drummond on or around 9 August 2023, attended by Dr Etherington MRCVS, a Senior Veterinary Regulatory Advisor [REDACTED] who also gave live oral evidence at the hearing. During this meeting Mr Drummond confirmed that he had taken Silver Nitrate and the local anaesthetic, Lidocaine, from the Practice. He said the Lidocaine had been opened before he had taken it, it was a snap-top vial, and had been left on the side, part used. He said he took it to use in case he cut a blood vessel while trimming the claws of [REDACTED] dog [REDACTED]
[REDACTED]
[REDACTED] Mr Drummond also confirmed he knew that Lidocaine was a prescription-only medicine and that he should have had a Veterinary Surgeon's permission before he took it from the Practice. Dr Binning said that if Mr Drummond had asked for permission, he would not have been allowed to take the Lidocaine from the Practice. Mr Drummond denied having a syringe in his hand when seen by Ms Cunningham, but said that he might have had a vape in his hand or on the passenger seat, when the lady knocked on the window.
52. Dr Etherington said they had collected statements and she had been satisfied that they had sufficient evidence to proceed. She said the complaint was thoroughly investigated

and the responses and explanation given by Mr Drummond were plausible. She was asked for her view on using Lidocaine in the way described by Mr Drummond and she said, *"I have never come across that."*

53. In his evidence, Mr Drummond said that [REDACTED]
[REDACTED]
[REDACTED] When referring to 4 August 2023, Mr Drummond said that [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
54. Mr Drummond said, *"I routinely use the spray formulation of lidocaine, Intubeeze™, when clipping dogs' claws in practice in the event that I accidentally cut a quick. I have found many patients react when a silver nitrate caustic pen is used so prior to using it I would normally spray the area or apply a sprayed cotton pad to the affected claw to desensitise it before cauterising it."* That, he said, was why he had the syringe and Lidocaine in the car.
55. Mr Drummond was adamant that he had not injected himself with anything on 4 August 2023 and that Ms Cunningham was mistaken about what she thought she saw. He reiterated that the syringe in his car contained local anaesthetic and was for [REDACTED] dog, when clipping his nails. He had already used it and there was only about ½ ml left. He said he may have had a vape in his hand. Mr Drummond said that when he went back into the Practice he showed everyone his hands and arms to show there were no injections.
56. The Committee also heard evidence from Katie Young, now RVN, called on behalf of Mr Drummond. She provided a statement and she confirmed the accuracy of its contents. Ms Young referred to [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Ms Young said that she was working at the Practice on 4 August 2023 when two women came into reception and one of them was adamant that she had

seen what she thought was one of their male colleagues, in the car park taking drugs by injecting himself into his hand.

57. When Mr Drummond came into the Practice shortly after, Ms Young said that he seemed to be acting normally and he did not seem to be under the influence of drugs. She said Mr Drummond suggested they check his hands and he showed his hands to her. Ms Young said no one else was present when this happened. She said [REDACTED]
[REDACTED]
[REDACTED] she could not see any evidence of an injection site.
58. In her oral evidence Ms Young said the purpose of looking at Mr Drummond's arms and hands was to see if there were any signs of an injection site and there was "*absolutely nothing*". She said she sees injection sites on animals and she also injects herself once a month with an EpiPen for a chronic illness, so she "*knows what it looks like.*"
59. When cross-examined, Ms Young agreed she got on with Mr Drummond, was friendly with him and remained friendly with him to date. She was taken to the handwritten statement she made on 8 August 2023, so much closer to the time. In that statement she said "*he showed me his hands and arms*" but in her later statement only said hands. She confirmed no one else was present when Mr Drummond showed her his hands.
60. The Committee considered that the orientation of the cars, whether Mr Drummond's car was moved and whether he was poor at reversing into parking spaces, were all irrelevant, Mr Drummond did not dispute being in his car and speaking to Ms Cunningham. Equally, the Committee did not need to decide whether or not Mr Drummond would, from time to time, use Lidocaine when clipping dogs' claws. The Committee was clear that what it had to decide was whether Ms Cunningham had given truthful and accurate evidence about what she said she saw, namely that Mr Drummond was injecting himself.
61. The Committee found Ms Cunningham to be a persuasive and compelling witness whose oral evidence was entirely consistent with contemporaneous accounts she gave to Ms Rae and staff at the Practice and consistent with the near contemporaneous accounts she gave to the College in 2023. There was no obvious reason for her to lie. She did not know Mr Drummond and was only involved out of concern for his wellbeing,

indeed her first instinct was not to report the matter to the police but rather to speak to his work colleagues. From the evidence she had a clear view of Mr Drummond and what he was doing with his hands. She conveyed that concern immediately after to Ms Rae, who was able to confirm their conversation. Furthermore, she then conveyed that same information to staff at the Practice, (as confirmed by Ms Young) both on the day and a few days later on the phone to Dr Binning. Mr Drummond admitted that there was a syringe in his car containing a local anaesthetic, so Ms Cunningham was clearly right about seeing a syringe. The Committee did not think it credible that Ms Cunningham may have seen a vape rather than a syringe in Mr Drummond's hands and Ms Cunningham was clear that was not what she had seen. Furthermore, the description given by Ms Cunningham was very precise and she was someone who was familiar with needles, having worked in a hospital for 13 years as a Therapeutic Radiographer and also having experienced injections with herself the patient.

62. When considering the credibility of Mr Drummond's account, the Committee took into account the fact that just over a month later he injected himself with Alfaxan, whilst at work. He explained to Ms Gale (and this evidence was not challenged) that his career was at stake and so he thought that he *"may as well just do what he was accused of."* The Committee considered this to be an unusual response. The Committee did not make the leap that because he admitted injecting himself on 6 September 2023 then he must have injected himself on 4 August 2023. However, the Committee could not ignore the coincidence and the unlikelihood of Ms Cunningham having witnessed such similar behaviour and this supported Ms Cunningham's account.
63. The Committee considered Mr Drummond's account that he had shown his arms and hands to everyone when he went into the Practice and there were no injections. However, the evidence of Ms K Frew was that she saw others 'appear' to look at Mr Drummond's arms, there was no mention of his hands. The only evidence of his hands showing no signs of injections came from Katie Young RVN, who was clear that she had seen no injection sites on Mr Drummond's hands. The Committee did not, however, consider this to be definitive. The Committee was satisfied that Ms Young believed that there were no signs of an injection, however it was not clear how closely she had examined Mr Drummond's hands for what would, given the diminutive size of the needle, have been a very small puncture wound. In addition, Ms Young accepted that she was a friend of Mr Drummond's and that no one else was present when she looked at his

hand. In such circumstances the Committee could not be sure that Ms Young was being entirely objective not least because her account was inconsistent with Mr Drummond's own evidence, who said:

"On arriving back in the practice, all my colleagues were looking at me. I recall these people to be Ms Katie Young (then student veterinary nurse, now RVN), Ms Kelsey Frew (receptionist), Ms Christine McCreadie (receptionist) and Ms Aleksandra Strain MRCVS.

...

*I immediately asked **everyone** to check my hands and arms for needle puncture marks, of which there were none."* [our emphasis]

64. The Committee noted that in the first interview at the Practice, Mr Drummond said it was [REDACTED] dog's nails that he was going to clip and went so far as to say [REDACTED] [REDACTED] However, in his second interview he said it was [REDACTED] dog, [REDACTED]. When asked about that in evidence, Mr Drummond said that the record of the first interview was inaccurate and he had not said it was [REDACTED] dog and he had not referred to [REDACTED] The Committee considered this to be implausible as it would have required the person recording the first interview to have known that [REDACTED] The Committee concluded that this was an inconsistency in his account of why he had the Lidocaine.
65. The Committee found Mr Drummond to be less than convincing, inconsistent and thus a not entirely reliable witness, in contrast to Ms Cunningham, who was very clear about what she saw and accordingly, the Committee preferred the evidence of Ms Cunningham to that of Mr Drummond. On the evidence presented, the Committee was satisfied so that it was sure that Ms Cunningham had seen Mr Drummond injecting himself in the car in the way that she described.
66. However, the charge alleged that he was injecting Lidocaine. The only reason Lidocaine had been mentioned was because that is what Mr Drummond said he took from the Practice. No tests were ever carried out on the syringe and thus the Committee could not be sure of its contents and thus what it was that Mr Drummond was injecting. The Committee did not consider it reasonable to simply infer it was Lidocaine as this would not reach the high threshold of the Committee needing to be sure.

67. The mischief of Particular 1(e) was that Mr Drummond was injecting himself with Lidocaine that he had dishonestly taken from the Practice. Since the Committee could not be sure that it was Lidocaine in the syringe, it followed that it could not find Particular 1(e) proved.

Disgraceful Conduct in a Professional Respect

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

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

- reckless act by taking the POM-V;
- risk of harm to animals in his care had he not been sent home and instead continued work having just injected himself with an anaesthetic;
- repeated acts of dishonesty;
- premeditated misconduct;
- breach of legal provisions designed to safeguard human health.

70. The Committee identified the following mitigating factor, related to the proved facts.

- no actual harm

71. Regulation 7(5) of the Veterinary Medicines Regulations 2013 (the “VMRs”) provides:

“No person may be in possession of a veterinary medicinal product that was supplied to that person other than in accordance with Schedule 3.”

72. Paragraph 3(2) of Sch 3 to the VMRs provides:

“A veterinary medicinal product classified as POM-V may only be supplied by a veterinary surgeon or a pharmacist and must be supplied in accordance with a prescription from a veterinary surgeon.”

73. The Committee found Mr Drummond had breached the following parts of the Code and Guidance:

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

4.3 Veterinary nurses must maintain minimum practice standards equivalent to the Core Standards of the RCVS Practice Standards Scheme.

6.4 Veterinary nurses must comply with legislation relevant to the provision of veterinary services.

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.

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

75. Reflecting the requirements of the VMRs, the Supporting Guidance to the VN Code (the “Supporting Guidance”) provides, materially:

4.4 The requirements and obligations in this chapter, and in PSS Core Standards, therefore, apply to all [...] veterinary nurses [...] unless specifically stated otherwise.

4.7 POM-V medicines must be prescribed by a veterinary surgeon, who must first carry out a clinical assessment of the animal under their care

4.47 A medicine prescribed in accordance with the cascade may be administered by the prescribing veterinary surgeon or by a person acting under their direction.

Responsibility for the prescription and use of the medicine remains with the prescribing veterinary surgeon.

76. On two separate and distinct occasions, Mr Drummond took animal medication from the Practice that he was not entitled to take and did so dishonestly as he knew he was not allowed to take it. On both occasions the medication taken was a POM-V, making it particularly serious. On the first occasion Mr Drummond had claimed it was for an animal and the Committee could not gainsay that possible explanation. The second time Mr Drummond injected himself with the Alfaxan.
77. In the Committee's view, Mr Drummond's irresponsible approach to POM-Vs [REDACTED] constituted an abuse of the trust placed in him as a registered Veterinary Nurse and was in breach of legal provisions designed to safeguard human health.
78. The rationale for categorising medicines as POM-Vs is to ensure that they are supplied safely and appropriately by an authorised practitioner, taking into account relevant symptoms and any contraindications and potential side-effects. [REDACTED]
[REDACTED] His admitted dishonest behaviour falls far below the standard expected of a registered Veterinary Nurse, undermines public confidence in the profession and would be considered deplorable by colleagues and the public alike. The Committee was thus satisfied that charge 1 on its own amounts to disgraceful conduct in a professional respect.
79. In the second instance, just over a month later, Mr Drummond once again dishonestly took animal medication, this time for his own use. On that occasion he ended up collapsing and banging his head. He was found unconscious by his work colleagues, who feared for his well-being.

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

The Committee's Determination on Sanction

82. In reaching its decision on sanction, the Committee took into account all the relevant evidence and documents provided, together with the submissions made by both parties and all matters of personal mitigation. The Committee also referred to the RCVS Disciplinary Committee Sanctions Guidance ("the Guidance"). The Committee had in mind that the purpose of sanctions was not to punish Mr Drummond, but to protect animal welfare, maintain public confidence in the profession and maintain proper standards of conduct and performance. The Committee was also aware of the need to ensure that any sanction is proportionate. The Committee accepted the advice of the Legal Assessor.

83. At this stage of the proceedings, the College provided the Committee with [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

85. [REDACTED]
[REDACTED]

[REDACTED]

86.

[REDACTED]

87.

[REDACTED]

88. Mr Maltman provided a bundle on behalf of Mr Drummond, consisting of a further witness statement from Mr Drummond, a witness statement from his current employer, Dr Kirstin Craig MRCVS [REDACTED]. In addition, the Committee was provided with 20 testimonials from professional colleagues and those who know Mr Drummond in a non-professional setting.

89. In his letter to the College, dated February 2025, Mr Drummond said of the incident on 6 August 2023:

"As I explained in my letter dated 17th September 2023 (sent to the RCVS on 12th November 2023), [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

...

I went to the toilet and injected myself with the Alfaxan (active ingredient alfaxalone). I do not know at what point I decided I was going to take the Alfaxan, [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Looking back, I realise how stupid I was, and I cannot apologise enough to both the practice staff and the owners of the dog I was helping care for.

...

I remember having a conversation with Mara and Heather Gale once I came round, but I cannot remember what we discussed. In paragraph 15 of her statement Heather says I told them I had only injected myself because I had been accused of taking drugs and had been reported to the RCVS, so I thought I might as well do what I had been accused of. It is possible I did say this [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

I am fully aware that I should not have injected myself with the Alfaxan. [REDACTED]

[REDACTED]

[REDACTED] That being said, I accept what I did was stupid and I was disappointed in myself and embarrassed by what I had done (as I said in my message to Mara on the evening of 6th September 2023). I would like to again thank the staff at Collier & Brock who helped me that day, and apologise to them for the distress I clearly caused them.

...

I have previously explained what nursing means to me, and that continues to be the case. [REDACTED] I am enjoying nursing more than ever, and I hope I can continue to do what I love."

90. In his statement prepared for this stage of the proceedings, Mr Drummond spoke of his unwavering passion for veterinary nursing from a young age. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] He added:

"I take great pride in mentoring students, supporting new nurses, and engaging in clinical discussions to ensure our patients always receive the highest standard of care.

Being an RVN is a privilege that I take very seriously. I strive to uphold the values and standards of the profession in every aspect of my life. I am humbled by the trust and appreciation clients show me, often through kind words and positive feedback"

91. Mr Drummond said he took full responsibility for his actions surrounding the removal of Lidocaine and the self-administration of Alfaxan. He said that after those events he took seven months away from veterinary work and explored a different career, however he soon realised *“my heart belonged in veterinary care.”* [REDACTED]

92. Mr Drummond [REDACTED]
[REDACTED] reiterated that he wished to express his deepest apologies to all involved for the upset and stress that he had caused.

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

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

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

95. [REDACTED]

[REDACTED]

[REDACTED]

96. Looking forward, Mr Drummond said, *"I wish to commit to future Undertakings to the Committee, if it could be so kind as to consider a way in which I may continue to practice as an RVN.* [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

My current practice provides a safe environment in which I can practise without risk of repetition."

97. In conclusion, Mr Drummond said, *"I ask the Committee to look beyond my past mistakes and instead consider my commitment to learning, my resilience in the face of adversity, and the concrete steps I have taken to ensure such issues never arise again. I am deeply committed to upholding the integrity of the veterinary nursing profession and to proving, through my actions, that I am worthy of continuing to serve as an RVN."*

98. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

99. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

101. In a letter dated 25 February 2025, Martha Welsh, Head Nurse & Joint Venture Partner
[REDACTED] said:

"[Mr Drummond] has been working with us in a locum capacity since March 2024. From his first shift, he communicated his preference not to have access to the control drugs cabinets or key safe, a request we have fully respected. As a result, he has not been granted access to any of these areas. Our anaesthetics, euthanasia, and other controlled medications are securely stored in locked cabinets, and [Mr Drummond] has not been provided with any keys or safe codes. Since March 2024, we have had no concerns regarding [Mr Drummond's] conduct within the practice. We are planning to offer [Mr Drummond] a permanent position as a registered veterinary nurse in May this year."

102. Dr Kirstin Craig MRCVS provided a statement dated 12 October 2025, in support of Mr Drummond and also flew down from [REDACTED] to London to be able to attend the hearing and speak on his behalf. She said:

"I have worked alongside [Mr Drummond] since February 2024 in my capacity as a veterinary surgeon, and during this time I have had frequent opportunities to observe his professional practice, clinical skills, and conduct within the workplace."

[Mr Drummond] is an exceptionally capable and dedicated veterinary nurse, one of the best nurses I have ever worked with. He consistently demonstrates empathy towards our patients, sound clinical judgement, and great attention to detail in his nursing duties. He is particularly proficient in anaesthetic monitoring and post-operative care, ensuring that patient safety and welfare are always prioritised.

There are numerous examples of [Mr Drummond] going above and beyond in his capacity as an RVN.

His dedication to the profession and his positive attitude have earned him the respect of all who work with him, qualities that are becoming increasingly rare.

[Mr Drummond's] communication with clients is consistently clear, empathetic, and reassuring, which allows the veterinary surgeon to rely on him for more complex nurse consultations and support during complex surgeries.

[Mr Drummond] maintains a calm and professional manner, even during high-pressure or emergency situations, quickly establishing himself as a trusted support to his colleagues.

[Mr Drummond] enjoys teaching and directly assists student nurses and veterinary students, offering guidance in a patient and supportive manner. [Mr Drummond] also lifts team morale through his presence, positivity, and humour.

In addition to his clinical and communication skills, [Mr Drummond] actively enhances patient care within the practice. He is meticulous in monitoring patients, identifying subtle changes in condition early, and promptly communicating these to the veterinary surgeon. He often takes initiative and improving nursing protocols.

His attention to detail and commitment to best practice directly contribute to improved patient outcomes and overall clinical standards within the practice.

He is committed to his professional development, regularly attending CPD courses and stays informed about best practice. In my view, he meets - and often exceeds - the standards expected of a Registered Veterinary Nurse.

[REDACTED]

I understand that this hearing may result in further sanctions regarding access to controlled drugs. I will continue to support [Mr Drummond] in maintaining restricted access to controlled drugs, as this arrangement has posed no difficulty or concerns within my practices.

In summary, I have complete confidence in [Mr Drummond's] ability to perform his role safely and effectively. He is a valued and trusted member of our team and in my professional opinion he is fully fit to practise within the veterinary profession with appropriate measures in place to safeguard him. He [REDACTED] has consistently maintained professional standards and demonstrated competence throughout the last 18 months. At no point as patient welfare or safety been

compromised under his care and with continued support I believe that he poses no danger to himself or others.”

103. Dr Craig added that although Mr Drummond was still a locum at their Practice he had been offered a full-time post. However, he had said he did not want to be a full-time employee whilst this process was ongoing in case it impacted negatively upon the Practice. Dr Craig confirmed that the offer of full-time work was still there for Mr Drummond.
104. The Committee was also provided with positive feedback about Mr Drummond from clients at his current Practice, who describe him as ‘welcoming’, ‘amazing’, ‘kind’, ‘professional’, ‘brilliant’ and ‘highly informed’. In addition, the Committee was provided with a number of very positive testimonials.
105. The Committee considered any aggravating and mitigating factors in this case. The Committee found the same aggravating factors as when considering disgraceful conduct in a professional respect, namely:
- reckless act by taking the POM-V;
 - risk of harm to animals in his care had he not been sent home and instead continued work having just injected himself with an anaesthetic;
 - repeated acts of dishonesty;
 - premeditated misconduct;
 - breach of legal provisions designed to safeguard human health.
106. The Committee considered the following mitigating factors:
- no previous disciplinary history;
 - no actual harm caused;
 - no financial gain;
 - an unblemished career as a Veterinary Nurse both before and after this incident;
 - open and frank admissions at an early stage to all the matters found proved;
 - demonstration of insight into the disgraceful conduct committed;
 - subsequent efforts to avoid a repetition;

- effective and targeted, pro-active remediation, significantly reducing the likelihood of there being a repeat of the circumstances in which the conduct occurred;
- [REDACTED]
- significant lapse of time since the events in question;
- genuine expressions of remorse and apology;
- significant support from current employer;
- a number of positive testimonials.

107. The Committee recognises that there is a scale of seriousness of dishonesty and therefore gave careful consideration as to where Mr Drummond's dishonest conduct fell to be judged. The Committee was concerned with his dishonest conduct on two separate occasions, once in August 2023 and then again in September 2023.

108. The Committee was confident that Mr Drummond was not an inherently dishonest person, but rather made poor choices [REDACTED]

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

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

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

111. The Committee decided that this was an appropriate case to consider Postponement with Undertakings. The Disciplinary Committee Guidance states that such a disposal will be appropriate only when the Committee is satisfied that most or all of the following apply:

- (a) Animals and the public will not be put at risk as a result of the postponement with Undertakings;
- (b) The respondent veterinary nurse has demonstrated insight into the seriousness of the misconduct and there is no significant risk of repeat behaviour;
- (c) It is possible to formulate Undertakings that are capable of being met, appropriate and measurable;
- (d) The respondent veterinary nurse is willing to comply with the Undertakings;
- (e) Limited aspects of practice are in need of education or training;
- (f) A period of re-training and/or supervision is likely to be an effective way of addressing the findings of the Disciplinary Committee;
- (g) The respondent veterinary nurse has the potential to respond positively to remediation, re-training or to their work being supervised;
- (h) There is evidence that any underlying medical problem is being appropriately addressed, monitored and reported.

112. [REDACTED]

113. The Committee acknowledged that such a disposal would be unusual and indeed rare in a case involving dishonesty. However, whilst it is important to mark the dishonesty and to show that it is wholly unacceptable, it is not the Committee's role to punish a Respondent. [REDACTED]
[REDACTED] the Committee did not consider him to be an inherently dishonest person.

114. The Committee was aware that Mr Drummond's conduct fell far short of the standard expected of a Veterinary Nurse and that dishonesty, in particular, is always to be viewed as serious, ordinarily attracting a sanction towards the top end of severity. However, it is most important that the conduct is seen and dealt with in context [REDACTED]
[REDACTED] There is no doubting that what Mr Drummond did was very wrong and he knows that. [REDACTED]
[REDACTED] Mr Drummond has demonstrated significant insight into [REDACTED] his behaviour and expressed genuine remorse. He has shown by his admissions that he understands that his conduct was dishonest and he has assured the Committee that there would be no

repetition. Indeed, he has worked for some time since this incident without any repetition and it is clear that his colleagues and clients alike all consider him to be an excellent RVN and a role model for the profession. The Committee [REDACTED]
[REDACTED]
[REDACTED] was satisfied that it was unlikely that Mr Drummond would behave in such a way again if properly monitored.

115. The Committee was made aware by the Legal Assessor, that the Courts have for a while been making it clear that there is a spectrum of dishonesty and that it is not a foregone conclusion that dishonesty will lead to suspension, let alone erasure, and careful regard must be had to the context and circumstances of the offending behaviour. The dishonest behaviour in this case arose not out of any malicious intent on the part of Mr Drummond, nor for any personal or financial gain but rather out of a misguided belief about what was acceptable, in relation to charge 1, [REDACTED]
116. The Committee did give serious consideration to a more restrictive sanction, such as suspending Mr Drummond's registration with the College. This would have sent out a very clear message that this sort of behaviour is absolutely not to be tolerated. A suspension though does not provide any safeguards going forward, either for the public or Mr Drummond. In light of the extensive mitigation, his honesty and insight throughout these proceedings [REDACTED], the overwhelming support from his current employer and the low risk, if properly monitored, of behaviour of this type being repeated, the Committee considered the public would not be best served by suspending an otherwise very competent Veterinary Nurse: it considered such a sanction would be disproportionate and punitive. The Committee is satisfied that Mr Drummond does not represent any risk to animals. When considering the public interest, the Committee took into account the 21 members of the public who had provided supportive testimonials and the comments from contented clients. Whilst it is important not to overstate the status of positive testimonials and contented clients, they do represent the directly engaged public interest and they are clearly in favour of allowing Mr Drummond to be able to continue to practise as an RVN.
117. In all the, somewhat exceptional, circumstances of this case, the Committee was satisfied that a Postponement with Undertakings, would provide adequate protection to animals, as it was satisfied Mr Drummond was unlikely to make such a flawed set of

decisions again. The Committee was satisfied that Mr Drummond does not represent a risk to animals going forward, indeed from the character evidence it is clear that he always puts the welfare of animals first. He has also shown, since this episode, that he can work under pressure and not resort to making bad decisions and thus the Committee considered the wider public interest would best be served in this case by a Postponement and Undertakings. Notwithstanding the serious nature of Mr Drummond's conduct, the Committee was satisfied that a fully informed member of the public would not be shocked if Mr Drummond were allowed to continue to practise, as he had been doing for a number of years since these events without issue.

118. The decision of this Committee is, therefore, to postpone its judgment for a period of 18 months, subject to the Undertakings detailed in Appendix A, as accepted by the Respondent. Mr Drummond should, however, be under no illusion of how serious it is to have a finding of disgraceful conduct in a professional respect made against him, he should not take lightly the decision of this Committee to postpone judgment and should ensure he complies with the Undertakings.
119. The Undertakings are as detailed in Appendix 1, attached to this decision.
120. In the event of non-compliance with the Undertakings, the Disciplinary Committee may resume the hearing and either extend the period of Undertakings for a further, and final, period of up to two years, or instead proceed to give judgment and impose a sanction.
121. That concludes this case.

Resumed Hearing 30 June 2026

Preliminary matters

Service and Proceeding in Absence

1. As the Respondent was not in attendance the Committee had to be satisfied that service of the Notice of Hearing had been sent to him, in accordance with the Veterinary Surgeons and Veterinary Practitioners (Disciplinary Committee) (Procedure and

Evidence) Rules, Order of Council 2004 (“the Rules”), before moving on to consider whether it would be appropriate to proceed in his absence.

2. The Committee accepted the advice of the Legal Assessor. The Committee had sight of an email dated 28 May 2026 sent to the Respondent at his registered email address, giving notice of the resumed hearing.
3. The Notice of Hearing informed the Respondent of the hearing time, the date and that the hearing would be conducted in person at the offices of the Royal College of Veterinary Surgeons at Hardwick Street London. In fact, the hearing was scheduled to take place via video-conference.
4. Within the notice of hearing, information was included about how the respondent could apply for a postponement, should he wish to do so, and the Committee's power to proceed in his absence, in the event that he did not attend was also set out.
5. As a matter of courtesy, the Notice of Hearing was also copied to the Respondent's previous representative Mr Maltman at VDS. Mr Maltman has attended this hearing as an observer and confirmed he was without instructions.
6. The Committee accepted the advice of the Legal Assessor and went on to determine that service had been effected in accordance with the Rules.
7. As the Respondent was not present, Mr Hopkins, who appeared on behalf of the College, made an application to proceed in his absence. Mr Hopkins submitted that the Notice of hearing had been correctly sent and the Respondent had chosen to voluntarily absent himself. Mr Hopkins submitted that there was no good reason to adjourn proceedings. He submitted that the Committee should be mindful of the principles in the case of *Adeogba v GMC* [2016] EWCA Civ 162 which set out that an individual should not be able to frustrate the process of a regulator by non-engagement.
8. The Committee heard and accepted the legal advice from the Legal Assessor, who referred it, inter alia, to the case of *R v Jones* and the *GMC v Adeogba* [2016] EWCA Civ 162, and the principles to be considered when deciding whether or not to proceed in the absence of a respondent.

9. The Committee had in mind the need to exercise its discretion to proceed with the utmost care and caution, particularly as the Respondent had provided no instructions to his representative and had not engaged with the proceedings.
10. The Panel was satisfied that all reasonable steps had been taken to make the Respondent aware that the hearing was due to go ahead on 30 June 2026 and that, in the event that he did not attend, the hearing could go ahead in his absence, as detailed in the Notice of Hearing.
11. By way of background, on 27 March 2026, the College wrote to the Respondent seeking his comments on the fact that he had attempted to voluntarily remove himself from the Register and the information received from Kirstin Craig MRCVS that he had potentially failed to comply with the Undertakings imposed by the Disciplinary Committee on the 29 October 2025.
12. The Respondent did not respond to that email, and a further email was sent to him by the College on the 22 April 2026 enclosing a copy of the investigation notes and a summary of the information received from Kirstin Craig. The Respondent did not reply. On 7 May 2026 the College sent him a Special Delivery letter enclosing copies of all the previous email correspondence. This was delivered and signed for by "RRD". Attempts were made to telephone the Respondent. Mr Maltman has also attempted to contact the Respondent without success.
13. The Committee noted that the Respondent faced serious allegations that he had not complied with undertakings and there was a clear public interest in the matter being dealt with expeditiously. The Committee considered an adjournment would serve no useful purpose, because it seemed most unlikely that the Respondent would attend on another occasion.
14. Furthermore, the Committee noted the Respondent had not engaged in these proceedings and he had not requested an adjournment. The Committee considered that the Respondent had voluntarily absented himself and had effectively waived his right to be present. The Committee noted that the Respondent had also not provided instructions to his representatives despite attempts by them to contact him.

15. In these circumstances the Committee concluded that it was in the interests of justice that the matter should proceed notwithstanding the absence of the Respondent. The Committee would draw no adverse inference from the Respondent's non-attendance and would properly test the evidence before it.

Application to proceed in public

16. Mr Hopkins submitted that the hearing should proceed in public. He submitted that the matters which gave risk to the Committee's determination to proceed in private on the last occasion were not present today.

17. He further submitted that the anonymity order made in relation to the previous proceedings should be lifted. In summary, he submitted that the position was now materially different in that the Respondent had ceased to engage with the College, had expressed a wish to leave the Register and had left his employment. [REDACTED]

[REDACTED]

He submitted that there was now a clear public interest in holding these proceedings in public and in the College being permitted to disclose the hearing decision of 29 October 2025 given the allegations that the Respondent has breached the Undertakings.

18. The Legal Assessor reminded the Committee that the applicable rules in relation to registered veterinary surgeons are Rules 21.1 and 21.2 of the Veterinary Surgeons and Veterinary Practitioners (Disciplinary Committee) (Procedure and Evidence) Rules Order of Council 2004 ("the Rules") provided that hearings "shall be held in public" but that "the Committee may direct that the public shall be excluded from any proceedings or part of proceedings, where it appears to the Committee that this would be in the interests of justice".
19. The Legal Assessor reminded the Committee that the starting point is open justice and advised the Committee to have regard to the general public interest in regulatory proceedings being heard in public.

20. The Legal Assessor advised the Committee that the Committee should have regard to the principles outlined in the case law and apply these principles to its judgment about whether the application was in the interests of justice.
21. The Legal Assessor advised the Committee of the competing European Convention on Human Rights (ECHR) Articles potentially engaged and advised that the Committee should undertake a balancing exercise.

Committee Decision

22. The Committee carefully considered all the documentation provided to it by the College and the documentation provided on behalf of the Respondent. [REDACTED]
[REDACTED]
23. The Committee accepted the advice of the Legal Assessor. The Committee bore in mind that the starting point is that the hearing should be held in public, unless it appears to the Committee that it would be in the interests of justice to be in private. The Committee also considered the Disciplinary Committee Guidance dated August 2020.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]

28. The Committee considered that it was in the public interest for the maintenance of proper professional standards and conduct, and public confidence in the veterinary profession, for the case to be heard on a transparent basis.
29. The Committee considered that it would defer the decision relating to anonymity of the previous decision until it had concluded the outcome of proceedings so as not to prejudice the decision making or the interests of the Respondent.
30. The Committee noted that the College did not oppose any reference to [REDACTED]
[REDACTED] The Committee considered that this was the appropriate balance and takes into account the Respondent's Article 6 and 8 rights and the public interest in transparent regulatory proceedings.
31. Accordingly, the Committee has determined that these proceedings should not be subject to the anonymity order. It has determined that the hearing should be heard in public and that those matters relating to his health may be heard in private.

Background

32. The case regarding the Respondent, Mr Drummond was considered by the Veterinary Nurse Disciplinary Committee of the RCVS between the 27th and the 29th of October 2026. The Charge which was found proved by the Committee is as follows:

1. *On or around 4 August 2023, whilst in practice at the [REDACTED]
[REDACTED] (the [REDACTED] branch"):*

- a. *took Lidocaine, a Prescription Only Medicine, from the [REDACTED] branch;*
- b. *took the said Lidocaine other than in accordance with a valid prescription;*

- c. *took the said Lidocaine other than in accordance with direction from a veterinary surgeon;*
 - d. *took the said Lidocaine dishonestly. At the material time, you knew the said Lidocaine did not belong to you, you were taking it in the circumstances set out at paragraphs 1(b) and/or 1(c) above, and in any event you were not permitted to take it. In light of that knowledge, taking the said Lidocaine was dishonest by the standards of ordinary decent people.*
- 2. *On 6 September 2023, whilst in practice at [REDACTED] [REDACTED] (the [REDACTED] branch”);*
 - a.*took 5ml of Alfaxan, a Prescription Only Medicine, from the [REDACTED] branch or the [REDACTED] branch;*
 - b. *took the said Alfaxan other than in accordance with a valid prescription;*
 - c. *took the said Alfaxan other than in accordance with direction from a veterinary surgeon;*
 - d. *took the said Alfaxan dishonestly. At the material time, you knew the said Alfaxan did not belong to you, you were taking it in the circumstances set out at paragraphs 2(b) and/or 2(c) above, and in any event you were not permitted to take it. In light of that knowledge, taking the said Alfaxan was dishonest by the standards of ordinary decent people; and/or*
 - e. *injected yourself with the said Alfaxan while on duty as a veterinary nurse at the [REDACTED] Branch.*

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.

33. The Committee determined to postpone judgment for 18 months on the basis that the respondent agreed to the following undertakings:

I Robert Drummond RVN, pursuant to the Disciplinary Committee decision at the conclusion of the hearing held on 27-29 October 2025 hereby undertake as follows:

ii. Employment

I will only work as an employee or locum or [REDACTED]

I will not work for any other [REDACTED] Practice.

I will notify the RCVS within 7 working days of my ceasing employment with [REDACTED]

I will not apply for or seek any other employment as an employed or locum RVN in the veterinary sector during the period of these Undertakings being in force.

iii. Medical assessment, treatment and reports

To attend upon Dr [REDACTED] every six months and for her to provide a report to the College and RVN Disciplinary Committee after each meeting, with the final one being sent to the College 28 days before the final review of these Undertakings.

[Note: In the event of an adverse report or in the absence of a report your case may be restored for hearing.]

iv. Controlled drugs

Not to have access to controlled drugs or Alfaxan and propofol, in accordance with the current arrangements referred to by Dr Craig MRCVS in her evidence to the Committee. All staff to be made aware of this arrangement.

v. Appointment of a Veterinary Surgeon to report to the RVN Disciplinary Committee

To allow Dr Kirstin Craig MRCVS or another Veterinary Surgeon at the Practice with management responsibilities, if Dr Craig is for any reason unavailable, to provide a report to the RVN Disciplinary Committee and the College every six months, to confirm compliance with these Undertakings and to speak generally of your progress and wellbeing. The final report to be provided 28 days before the final review of these Undertakings.

In the event they become aware that I fail to comply with the terms of these undertakings Dr Craig or another Veterinary Surgeon at the practice with management responsibilities shall within 7 working days of such failure notify the RCVS and the Committee of such failure.

vi Costs

I agree to pay for the cost of complying with the Undertakings including the appointment of Dr [REDACTED] and the provision of her reports.

vii Consequences of breaching the undertakings

I understand that any adverse report or breach of these undertakings may result in the hearing being resumed at a date earlier than the date of the end of the period of the adjournment and that at any resumed hearing, the Committee may decide to postpone judgement again, on the same or different terms, or reach a final judgement.

34. On 23 March 2026 the Respondent attempted to remove himself from the Register via the online process. As a consequence of the ongoing proceedings this request was not processed.
35. On the 27 March 2026 the College received an email from Dr Craig in the following terms,

" I am writing to formally notify you of a potential failure to comply with the undertakings in place following the disciplinary hearing held on 29 October 2025 concerning Mr Robert Drummond.

.....

I am submitting this notification within the required 7 working day timeframe and will provide further updates as the internal investigation progresses or if any additional relevant information comes to light."

36. Contained within the documentation provided by Dr Craig was the Respondent's local statement provided on 26 March 2026 in which he stated as follows:

"On the morning of the 21st March I arrived at work 10 minutes early [...]. Later on that morning we had another client come in who's [sic] dog had a dislocated hip and no finances to fund any treatment. I spent a lot of time with this client having in depth conversations about finances and welfare implications of no treatment. I coordinated with Caolan [Hollywood MRCVS] about what had been discussed and Caolan also spent time speaking with them. It had been decided that the pet be euthanised.

At this time Caolan retrieved the keys for the safe from a lock box I have no access to, knowledge of the codes and and [sic] have supervised observation when in the CD cabinet. All of these measures were followed. The only time I entered the CD cabinet was to retrieve a fresh bottle of domitor, whilst Caolan stood right next to me and I handed him the bottle. I did not see the keys or the inside of the CD cabinet again for the rest of my shift."

37. It was submitted by Mr Hopkins on behalf of the College that this amounted to a breach of the undertaking that the Respondent was not permitted to have access to controlled drugs.
38. Further, Mr Hopkins submitted that neither the College nor the Disciplinary Committee have received any reports from Dr [REDACTED] as required by the Undertakings. Mr Hopkins took the Committee through the attempts made by the College to contact Dr [REDACTED] to ascertain whether the Respondent has been seen as required. Mr Hopkins invited the Committee to draw an inference that the Respondent had not complied with the Undertaking to attend upon Dr [REDACTED] every 6 months and for a report to be produced.

Findings on breach of Undertakings

39. In making this decision the Committee accepted the advice of the Legal Assessor and reminded itself that it was for the College to discharge the burden of proof that a breach of the undertakings had occurred as alleged.

40. In relation to Undertaking iii relating to the provision of [REDACTED] reports, the Committee was satisfied to the required standard that this Undertaking had been breached. The Committee noted that the first attendance would have been due in April 2026 which is after the incident on 21 March 2026 and after he had attempted to remove his name from the register. The Committee considered that it was a reasonable inference to draw that the Respondent had breached this Undertaking, in the absence of a report or any other confirmation from Dr [REDACTED] that the Respondent had attended as required. The Committee took into account the difficulties encountered by the College in locating Dr [REDACTED]. However, it noted that Dr [REDACTED] was an expert engaged directly by the Respondent and there was no information from him that he had been unable to make contact or that there was any reason why he was not able to attend as required. The Committee noted that it was the Respondent's responsibility to attend and ensure a report was provided and there was no evidence that he had complied with this Undertaking.
41. In relation to Undertaking iv which prevented the respondent having access to controlled drugs, the Committee noted that it was clear from the Respondent's local statement dated 26 March 2026 that he had been in the controlled drugs cabinet on the 21 March 2026 (albeit supervised) and had taken a bottle of Domitor out of the controlled drugs cabinet and handed it to Dr Hollywood. This account was confirmed by Dr Hollywood.
42. The Committee considered that this was clear evidence that the Respondent had access to controlled drugs and had been inside the controlled drugs cabinet on 21 March 2026. The Respondent suggested in his statement of 26 March 2026 that the arrangement was that he was to be observed whilst in the cabinet. However, the Committee considered that this was not the arrangement as outlined by Dr Craig in her evidence to the Committee, which was that the controlled drugs were locked away and the Respondent did not have access to them.
43. In these circumstances the Committee were satisfied to the required standard that the Respondent had breached the Undertaking not to have access to controlled drugs.

Submissions on Judgment and Sanction

44. Having handed down its decision on breach of Undertakings the Committee invited submissions from Mr Hopkins regarding judgment and sanction.
45. Mr Hopkins submitted that the College's position was that in these circumstances the Committee should not postpone judgment further but should instead proceed to a sanction. He outlined the relevant legal and procedural framework and highlighted the need for the Committee to act proportionately.
46. The Legal Assessor advised the Committee that it should have regard to the evidence, the submissions and to refresh its findings in relation to the previous hearing in light of the events since the Undertakings were agreed. The Committee should consider again the aggravating and mitigating factors, also now including matters that have arisen since the previous hearing.
47. The Legal Assessor advised the Committee to have regard to the Guidance and although it was free to depart from such guidance it should provide cogent reasons for doing so. The Legal Assessor reminded the Committee that any sanction imposed had to be the least restrictive in order to be proportionate. The Legal Assessor advised the Committee that it should consider the matter of sanction from the least restrictive measure, moving upwards. It must first consider whether it could end the case by taking No Further Action. Any determination to postpone judgement further could be for up to two years. If neither course was appropriate, she advised, the Committee could give immediate judgment, either a Reprimand (with or without a warning), a Suspension order, or a Removal order.
48. The Legal Assessor advised that a Removal order is regarded as a sanction of last resort, where no lesser sanction will achieve the aim of public protection.
49. The Committee carefully reconsidered its findings that the Respondent was guilty of Disgraceful Conduct in a Professional Respect and the submissions made during the last hearing and in relation to this hearing. The Committee reminded itself of the aggravating and mitigating factors it had found applied in this case.
50. At this stage, the Committee also considered whether there were any further relevant additional aggravating or mitigating factors. The Committee considered that the breach

of Undertakings and the failure to engage with the Regulator in monitoring compliance were further aggravating factors.

51. The Committee noted that as a result of the Respondent's non-engagement it was unable to determine whether there were any additional matters of mitigation or further developed insight.
52. The Committee therefore stood by its original conclusion that there had been two instances of very serious dishonesty which had arisen not for financial gain or malicious intent but were closely linked to ill health and other difficulties. The Committee was no longer of the view that the risk of repetition was low given the events that had occurred since the last hearing and it considered that there was now a significant risk of repetition.
53. If the conduct was repeated there would be a potential risk to animals and their owners if the Respondent was unfit to care for them having taken drugs whilst on duty. [REDACTED]
[REDACTED]
[REDACTED]
54. The Committee did not consider it appropriate to postpone judgment further given the Respondent's failure to comply with the Undertakings imposed at the hearing in October 2025. The Committee was of the view that in the light of the Respondent's expressed wish to leave the register, further postponement would serve no useful purpose, and it had no confidence he would comply with the Undertakings.
55. The Committee considered that it was not appropriate to issue a Reprimand and/or Warning as to future conduct. It noted that the Guidance states that this course is appropriate for misconduct at the 'lower end of the spectrum of seriousness'. The Committee was of the view that this did not meet the level of gravity with which it regarded the Respondent's actions and would not provide the necessary protection to the public against the risk of repetition identified.
56. The Committee next considered suspension and had regard to paragraph 71 of the Guidance which states:

"Suspension may be 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 nurse has insight into the seriousness of the misconduct and there is no significant risk of repeat behaviour;*
- c) The respondent veterinary nurse is fit to return to practice (after the period of suspension)."*

57. The Committee considered that the Respondent's misconduct had been very serious and noted that it included dishonesty. In addition, the Committee noted that it now considered the risk of repetition to be significant. The Respondent has not complied with Undertakings designed to monitor his health and his use of drugs and therefore the Committee was not satisfied that he would be fit to practice following any suspension.

58. The Committee therefore went on to consider the sanction of removal. It noted that the DCSG (at paragraph 77) said

"Removal from the register may be appropriate where behaviour is fundamentally incompatible

with being a [veterinary surgeon], and may involve any of the following (the list is not exhaustive):

- a. Serious departure from professional standards as set out in the RCVS Code of Professional Conduct for [Veterinary Surgeons];*
- b. Deliberate or reckless disregard for the professional standards as set out in the RCVS Code;*
- c. Causing serious harm (or causing a risk of serious harm) to animals or the public, particularly where there is a breach of trust;*
- d. Offences of a sexual nature;*
- e. Offences involving violence and/or loss of human life;*
- f. Evidence of a harmful deep-seated personality or attitude problem;*
- g. Dishonesty (including false certification), particularly where persistent or concealed;*
- h. Putting his/her own interests before the health or welfare of animals;*

Persistent lack of insight into the seriousness of their actions or the consequences; where the nature and gravity of findings are such that a lesser sanction would lack deterrent effect or would undermine public confidence in the profession or the regulatory process.

59. The Committee noted that the DCSG indicated that removal from the register may be appropriate where the behaviour was fundamentally incompatible with being a veterinary nurse and that it may involve any of the matters listed at (a) to (h). The Committee decided that the charges represented (a) serious departure from the Code of Professional Conduct for Veterinary Nurses and (g) involved dishonesty. The Committee also considered that (h) was engaged in that there was evidence that the Respondent had put his own interests before the health and welfare of animals by using medications for his own purposes which by implication compromised his safety and his ability to provide safe care. The Committee considered that these actions had the potential to cause serious harm even though there was no actual harm caused. The failure by the Respondent to comply with the Undertakings, in the view of the Committee amounted to an ongoing failure to appreciate the impact of his actions and the potential consequences.
60. The Committee therefore concluded that removal was an appropriate sanction. Since the Committee could not now assess the Respondent's future risk or his insight in his absence, it therefore decided that removal was the only proportionate sanction because any other sanction would not protect animals or the public in the future without those matters having been adequately assessed. Such a sanction also safeguarded the Respondent from having access to drugs and met the wider public interest.
61. The Committee therefore directs that the Registrar remove the Respondent from the Register of Veterinary Nurses.
62. Given this decision, the Committee considered that it was in the public interest for the anonymity order to be lifted in relation to the previous decision made in October 2025. The Committee considered that the public interest in the outcome of the regulatory process outweighed the Respondent's interests. As the Respondent was no longer working and subject to the Undertakings the Committee considered that the specific protections of the Respondent's identity were no longer necessary or justified. The

Committee therefore determined that the public part of the determination made in October 2025 was no longer subject to the anonymity order and could be disclosed. For the avoidance of doubt, any reference to the Respondent's health or private life contained within the private decision remained private.