

General Pharmaceutical Council

Fitness to Practise Committee

Principal Hearing

Remote videolink hearing

7 -8 February 2024

Registrant name:	Alkesh Chandubhai Patel
Registration number:	2042440
Part of the register:	Pharmacist
Type of Case:	Misconduct
Committee Members:	David Bleiman (Chair) Vaishally Patel (Registrant member) Anne Johnstone (Lay member)
Legal Adviser:	Ralph Shipway
Committee Secretary:	Chelsea Smith
Registrant:	Present and not represented
General Pharmaceutical Council:	Represented by Shardi Shameli, Case Presenter, accompanied by Orla Jones, trainee solicitor
Facts proved by admission:	All
Fitness to practise:	Impaired
Outcome:	Warning

Particulars of Allegation

You, a registered pharmacist, working as a locum pharmacist:

1. Accessed and/or viewed Person A's records on one or more of the dates as set out in schedule A.
2. Your conduct at paragraph 1:
 - 2.1. Was inappropriate, in that you did not have Person A's consent and/or permission to access their records;
 - 2.2. Was unprofessional, in that you did not have a clinical reason to access Person A's records;
 - 2.3. Lacked integrity, in that you:
 - 2.3.1. knew you did not have Person A's permission and/or consent to access their records;
 - 2.3.2. knew you did not have a clinical reason to access Person A's records;
 - 2.3.3. accessed Person A's records for your own personal purposes.
3. Accessed and/or viewed Person B's records on one or more of the dates as set out in schedule B.
4. Your conduct at paragraph 3:
 - 4.1. Was inappropriate, in that you did not have Person B's consent and/or permission to access their records;
 - 4.2. Was unprofessional, in that you did not have a clinical reason to access Person B's records;
 - 4.3. Lacked integrity, in that you:
 - 4.3.1. knew you did not have Person B's permission and/or consent to access their records;
 - 4.3.2. knew you did not have a clinical reason to access Person B's records;
 - 4.3.3. accessed Person B's records for your own personal purposes.

5. Accessed and/or viewed Person C's records on one or more of the dates as set out in schedule C.
6. Your conduct at paragraph 5:
 - 6.1. Was inappropriate, in that you did not have Person C's consent and/or permission to access their records;
 - 6.2. Was unprofessional, in that you did not have a clinical reason to access Person C's records;
 - 6.3. Lacked integrity, in that you:
 - 6.3.1. knew you did not have Person C's permission and/or consent to access their records;
 - 6.3.2. knew you did not have a clinical reason to access Person C's records;
 - 6.3.3. accessed Person C's records for your own personal purposes.

By reason of the matters set out above, your fitness to practise is impaired by reason of misconduct.

Schedule A

Person A: [REDACTED]

Date
13 August 2015
15 May 2017
27 January 2020
7 April 2020
17 April 2020
3 July 2020
1 September 2020
22 December 2020
12 March 2021
15 April 2021
20 May 2021
27 July 2021
28 July 2021
30 July 2021
3 August 2021
6 August 2021

19 October 2021
9 November 2021
25 November 2021
2 December 2021
9 December 2021
21 December 2021

Schedule B

Person B: [REDACTED]

Date
26 May 2020
15 April 2021

Schedule C

Person C: [REDACTED]

Date
17 April 2020
1 September 2020
7 September 2020
22 December 2020
12 February 2021
12 March 2021
30 July 2021
19 October 2021
25 November 2021

Documentation

Document 1- GPhC hearing bundle, 250 pages plus cover page & index

Document 2- GPhC statement of case & skeleton argument, 11 pages

Document 3- Mr Patel's bundle, 77 pages

Document 4 – Mr Patel's supplementary bundle, 48 pages

Document 5 – Signed version of witness statement of SJ, 3 pages

Document 6 – Anonymity key, relating to persons A, B & C

Document 7 – GPhC Standards of conduct, ethics & performance (July 2012) ("the 2012 Standards")

Document 8 – GPhC Standards for pharmacy professionals (May 2017) ("the 2017 Standards")

Note: Mr Patel's bundles were received in advance of the GPhC bundle, which includes all of his documents plus, at page 250, a certificate of completion of a CPD course, dated 30 January 2024, submitted by Mr Patel

Witnesses

For the Council:

Person A, witness statement accepted by Mr Patel

Person B, witness statement accepted by Mr Patel

Person C, witness statement accepted by Mr Patel

Person D, witness statement accepted by Mr Patel

For Mr Patel:

Mr Patel submitted two witness statements, dated 29 November 2023 and 18 January 2024

SJ, witness statement accepted by GPhC

NB, witness statement accepted by GPhC

MP, witness statement accepted by GPhC

HA, witness statement accepted by GPhC

Determination

Introduction

1. This is the written determination of the Fitness to Practise Committee at the General Pharmaceutical Council ('the Council').
2. The hearing is governed by *The Pharmacy Order 2010* ("the Order") and *The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010* ("the Rules").
3. The Council was represented by Ms Shardi Shamel. Mr Patel attended and represented himself. We were assisted by a legal adviser and accepted his advice at all times.
4. The statutory overarching objectives for these regulatory proceedings are:
 - a. To protect, promote and maintain the health, safety and well-being of the public;
 - b. To promote and maintain public confidence in the professions regulated by the Council; and
 - c. To promote and maintain proper professional standards and conduct for members of those professions.
5. The Committee also has regard to the guidance contained in the Council's *Good decision making: Fitness to practise hearings and sanction guidance* as revised March 2017 ("the guidance").
6. A Principal Hearing has up to three stages:
 - Stage 1. Findings of Fact – the Committee determines any disputed facts.
 - Stage 2. Findings of ground(s) of impairment and impairment – the Committee determines whether, on the facts as proved, a statutory ground for impairment is established and, if so, whether the Registrant's fitness to practise is currently impaired. In this case, the ground alleged is misconduct.

Stage 3. Sanction – the Committee considers what, if any, sanction should be applied if the Registrant’s fitness to practise is found to be impaired.

Postponement of hearing start and Case Management Directions

7. On 6 February 2024 we were informed that, for private reasons, the case presenter would not be available until 7 February 2024. The chair accepted the reasons, and the hearing start was postponed by one day. The chair issued Case Management Directions which related to a number of preliminary legal matters. These were dealt with at the start of the hearing as detailed below.

Application for the hearing to be held in part in private

8. The committee, of its own volition, invited the parties to make submissions as regards whether the hearing should be heard, in whole or in part, in private.
9. Ms Shameli applied for those parts of the hearing concerning the family life of Mr Patel and of witnesses (persons A, B and C), concerning family law, concerning a minor and any health matters, to be heard in private. Mr Patel agreed with the application.
10. Having accepted the advice of the Legal Adviser, we agreed to hold those parts of the hearing as referred to above, in private. As the hearing progressed, when private matters were referred to the chair noted, for the transcript, that we were in private session. This determination is in public except for passages which are marked as being in private.

Application to exclude certain evidence

11. Mr Patel had indicated that he wished paragraphs 10 and 12 of the witness statement of Person A to be excluded. He confirmed that he agreed the remainder of the witness statement.

12. Ms Shameli said that, in the circumstances, the Council would redact those paragraphs.
13. In the light of the redaction of the relevant paragraphs of the witness statement, we noted the matter, and it was not necessary for us to make a determination.

Release of witnesses

14. On Mr Patel having accepted their witness statements, all of the Council witnesses apart from Person A had already been released from giving evidence in person.
15. Following the redaction of the parts of her witness statement referred to above, Mr Patel accepted Person A's witness statement and she was released from giving evidence in person.

Clarification of legal position regarding rights of parental access to medical records

16. In accordance with the Case Management Direction issued on 6 February, Ms Shameli outlined the basis of the Council's case in relation to allegation 6. She stated that a healthcare practitioner should only look at medical records for clinical purposes. This was clear, for example, in the Standard Operation Procedure for Worksop Pharmacy relating to Summary Care Records ("SCR") which stated "DO NOT view your own SCR or other pharmacy colleagues, relative, friends." She said that parental responsibility was irrelevant to this principle.
17. Mr Patel accepted that, although at the time, his understanding had been different, that had been wrong, and he agreed with the position as outlined by Ms Shameli.
18. The legal adviser confirmed the position as agreed by the parties. He added that usually a child of 12 years or older was regarded as capable of giving consent.

19. We made no determination of this matter. The purpose of hearing submissions as a preliminary matter was to ensure that Mr Patel understood the nature of the Council's case in relation to allegation 6 before he responded to the allegations.

Registrant's response to Particulars of allegation

20. Mr Patel admitted all of the allegations.
21. In the light of the above, and by the application of Rule 31(6) of the Rules, the admitted allegations were all found proved.

Background

22. Mr Patel is a pharmacist who first registered with the Council on 25 July 1994. His registration number is 2042440.
23. Between August 2015 and December 2021 Mr Patel, by his own admission, accessed the medical records of three persons. There were multiple occasions as detailed in the schedules to the allegations. [PRIVATE].
24. The most recent access was on 21 December 2021, which was just over three months before Mr Patel was notified, on 1 April 2022, that concerns had been raised with the Council.
25. Persons A, B and C all state and Mr Patel accepts that they never consented to Mr Patel accessing their medical records.
26. Person D is the Superintendent Pharmacist for Worksop Pharmacy where Mr Patel worked as a locum pharmacist between January 2020 and December 2021. He provided a copy of the pharmacy's SCR Policy. He stated that, although Mr Patel did not sign the policy, all staff including locum pharmacists are made aware of the policy. Mr Patel would have agreed to the NHS Digital terms and conditions

regarding acceptable use policy and patient confidentiality when he signed up to receive the NHS smartcard. Mr Patel accepts Person Ds evidence.

27. We have already noted that the SCR Policy stated: "DO NOT view your own SCR or other pharmacy colleagues, relatives, friends."

Misconduct and impairment

28. Having found all of the allegations proved by way of admission, we went on to hear evidence and submissions as to whether Mr Patel's actions amounted to misconduct and, if so, whether his fitness to practice is currently impaired. These are matters for the Committee's judgement.

29. We took account the guidance given to the meaning of 'fitness to practise' in the Council's publication "*Good decision-making*" (Revised March 2017). Paragraph 2.11 reads:

"A pharmacy professional is 'fit to practise' when they have the skills, knowledge, character, behaviour and health needed to work as a pharmacist...safely and effectively. In practical terms, this means maintaining appropriate standards of competence, demonstrating good character, and also adhering to the principles of good practice set out in your various standards, guidance and advice."

30. We took into account the submissions made by Ms Shameli and Mr Patel. We also heard evidence from Mr Patel.

Evidence of Mr Patel

31. Mr Patel adopted his two witness statements (noted in the list of documents) but made one substantial amendment, as noted below. [PRIVATE].
32. Mr Patel acknowledged that he had committed misconduct. His behaviour had been inappropriate, unprofessional and he had lacked integrity. He accepted that he had

breached the Standards of the Council and took full responsibility for that. He expressed his sincerest apologies to the three people concerned. He said that he had violated their privacy which would probably have made them angry and upset.

33. Mr Patel said that patients and colleagues had probably lost trust in him. He understood the impact of his actions on public trust in the profession.
34. [PRIVATE]
35. Mr Patel said that he had stopped accessing the medical records in December 2021, three months before the Council made him aware of a concern. He said that he should have reported the matter to the Council at that point as he was, by then, fully aware.
36. Mr Patel had used his registration renewal to take up targeted CPD on insight, reflection and remediation on the things he had done wrong and on the Standards. He had peer to peer discussion with MP for his October 2023 renewal.
37. Mr Patel felt that he required more intensive training and undertook a three-day intensive course on Maintaining Professional Ethics. This had given him an understanding of power differentials and how he had abused his position of trust, as a Responsible Pharmacist to access the records. He understood how, when his own core values of fairness, love and compassion, and connection, were challenged, he had behaved in an erratic way. He had set up strategies so that if his values were challenged again, he would behave differently.
38. Mr Patel provided documentary evidence of the CPD he had undertaken. Copies of the worksheets provided by his counsellor described the "BACES" method. CPD certificates confirmed participation in modules on Insight (5 October 2023), Reflection (7 October 2023) and Remediation (27 October 2023). Course details were provided for the three-day course on Maintaining Professional Ethics provided by the Professional Boundaries Company, together with a certificate of completion showing that the course of 22 CPD hours was undertaken on 5 – 7 December 2023.

Certificates were provided from the Centre for Pharmacy Postgraduate Education for assessments passed by Mr Patel in relation to Summary Care Records in Community Pharmacy (15 January 2024) and General Data Protection Regulation (14 January 2024). A certificate of completion for a course on Insight and Remediation in Practice confirmed that the course of 6.3 CPD hours was attended on 30 January 2024.

39. We note that, as part of the Maintaining Professional Ethics course, Mr Patel completed and signed a Development and Restoration Plan on 6 December 2023. This includes the following reflection/action plan in relation to accessing SCR records:

“When I accessed patient’s NHS records without their permission, I was violating their privacy and potentially exposing them to harm, such as identity theft, discrimination, or stigma. I was also disrespecting their dignity and autonomy, as I did not give them a choice or a voice in how their information was used. This may have affected the patient’s trust and confidence in the health care system, as well as their self-esteem and well-being. Therefore, it is essential that as a professional I follow up on data protection laws and the NHS code of practice when accessing or sharing patient information. I should only access the information I need for the purpose of providing safe and effective care, and I should always seek the patient’s consent whenever possible. I should also inform the patient of their rights and options regarding their information and respect their wishes and preferences. By doing so, I can protect the patient’s privacy and dignity, and foster a positive and respectful relationship with them.”

40. Mr Patel said that he journalised everything for ten to fifteen minutes each evening, a reflective period in which he put everything in context. He also kept a gratitude journal, to take account of all the good things in his life.
41. Mr Patel said that he believed he had done everything he could to fully remediate. His emotions were fully controlled and he would never go back to doing what he had done again. He referred to his positive testimonials and to the fact that it was now two years since his last access. He had 21 years in the profession prior to the first

instance of access to medical records and since 2021 had been abiding by the professional Standards.

42. In response to cross-examination, Mr Patel repeated an acknowledgement in his second witness statement, that when contacted by the Council in April 2022 he did not tell the whole truth in response to their concerns. He said that he had “panicked and lied.”
43. Mr Patel accepted that his actions had had a detrimental impact on Person A and the others concerned.
44. Mr Patel accepted that he had shown a flagrant disregard for the rules.

Submissions by the Council

45. Ms Shameli submitted that Mr Patel had breached a number of sections of the 2012 Standards (in relation to the instances which occurred when those Standards were in force) and likewise of the 2017 Standards (which were in force when the large majority of the instances occurred). We note that Mr Patel accepted that he had breached both sets of Standards at the relevant times.
46. Ms Shameli submitted that Mr Patel’s actions amounted to misconduct.
47. She submitted that all four of the factors listed in Rule 5 (2) were engaged in this case and that Mr Patel’s fitness to practise was impaired on grounds of both public protection and in the wider public interest.

Decision on misconduct

48. When considering whether the particulars found proved amounted to misconduct, we took into account the guidance.

49. We determined that, as he himself acknowledged, Mr Patel had breached a number of the professional Standards.
50. In relation to the one or possibly two instances which occurred when the 2012 Standards were in force, Mr Patel breached Principle 2 by allowing his professional judgement to be affected by his personal interests; Principle 3 by having unauthorised access to confidential information and Principle 6 by not acting with integrity. In relation to the many instances which occurred when the 2017 Standards were in force, Mr Patel breached Standard 6 by not behaving in a professional manner, Standard 7 by not maintaining and respecting the confidentiality and privacy of Persons A, B and C, and Standard 9 by abusing his position and not demonstrating leadership.
51. Although a breach of the Standards does not automatically result in a finding of misconduct (Rule 24(11) of the Rules), in this case Mr Patel acknowledges that his actions amount to misconduct and we are satisfied that his repeated unauthorised access to private medical records without good clinical reason and without consent was a significant abuse of his position as a pharmacist and amounts to professional misconduct.
52. We therefore went on to consider whether Mr Patel's fitness to practise is impaired.

Decision on Impairment

53. Having found that the particulars of allegation amounted to misconduct, we went on to consider whether Mr Patel's fitness to practise is currently impaired. In doing so we considered whether the particulars found proved show that his misconduct:
- *present an actual or potential risk to patients or to the public*
 - *has brought, or might bring, the profession of pharmacy into disrepute*
 - *has breached one of the fundamental principles of the profession of pharmacy*
 - *means that the integrity of the registrant can no longer be relied upon*

54. Mr Patel has, as he himself acknowledges, done harm or potential harm to persons A, B and C. There is evidence in the witness statement of Person A of anxiety regarding Mr Patel having had access to her medical records. However, we must go on now to consider whether, as of today, more than two years after the last instance of unauthorised access, Mr Patel continues to present an actual or potential risk to patients or to the public.
55. Mr Patel presented extensive evidence of his CPD activity and reflection by way of remediation of his conduct and of the underlying mindset and emotional state which he had found to have been causative. He was a candid and straightforward witness, who spoke at length and gave a full and consistent account of his journey of remediation. This included the counselling he has received and the targeted CPD undertaken, his support from a mentor and from his partner, his reflective activities such as keeping a daily journal. He was able to give a clear account of the mental processes which had led him to act inappropriately and how he had learned to handle his negative thoughts and emotions more appropriately.
56. Mr Patel's CPD activity, his learning and reflection is well supported by his documentary evidence, which we have summarised above.
57. Testimonials provided by professionals who know Mr Patel, support that he is now a trustworthy person who acts in a professional manner. SJ confirms that she is aware of the present proceedings and reports that Mr Patel conveyed how ashamed and embarrassed he was for his actions. NB confirms that she is aware of the proceedings. She is currently a pre-registration pharmacist technician who works with Mr Patel at the Worksop pharmacy. She says that he now "ensures to triple check that he has consent before he accesses any patient records." He has expressed his regret for his actions. MP is a pharmacy technician who is aware of the allegations and describes Mr Patel's remorse and their discussion about the importance of confidentiality. HA is a pharmacist and one of the directors of the Worksop

pharmacy. He is aware of the present proceedings. He describes Mr Patel as trustworthy and an asset to the pharmacy.

58. Mr Patel expressed apology to the persons concerned and acknowledged the hurt he had caused them and the damage he had caused to the trust of his colleagues and trust in the profession. He admitted all of the allegations including allegations which went so far as to include acting unprofessionally and lacking integrity. We are satisfied that he has shown a high level of insight.
59. We note that, when first informed of concerns by the Council, in April 2022, Mr Patel gave a dishonest response. However, he clearly admitted to that both in a written witness statement and in response to cross-examination. It is also the case that Mr Patel had, until the date of this hearing, intended to deny allegation 6. His development of insight has been a journey and, although, prior to the start of this hearing, his insight remained somewhat lacking in relation to his actions in accessing the records of Person C, we are satisfied that he has now achieved well-developed and substantially complete insight which he has demonstrated throughout this hearing.
60. Mr Patel is highly unlikely to repeat the misconduct which occurred in this case or to behave in an unprofessional way in the future. We therefore find that he does not present an actual or potential risk to patients or the public. His fitness to practise is not currently impaired on grounds of public protection.
61. Mr Patel has brought the profession into disrepute by his actions but, for the same reasons stated above, he is highly unlikely to do so in the future.
62. Mr Patel has breached a number of the 2012 and then the 2017 Standards and, as such, we find that he has breached the fundamental principles of the profession, which are to be found in the Standards.

63. We found, by way of admission, at the facts stage, that Mr Patel acted with a lack of integrity. That is, however, a finding about the past. We need at this stage to consider whether his integrity can now be relied upon. Although there was one instance of admitted dishonesty when Mr Patel says that he panicked when first informed of concerns by the Council, we are satisfied that in his written and oral evidence and as demonstrated throughout this hearing, Mr Patel can now be trusted to act with integrity. The allegations relate to one particular form of misconduct which, albeit repeated on a number of occasions over an extended period of years, related to a particular situation in Mr Patel's life and personally traumatic circumstances. Having thoroughly addressed his emotional responses to these circumstances and having developed effective strategies to avoid such behaviour in the future, we do not find that Mr Patel has any ongoing attitudinal issue which might give rise to further actions lacking integrity.
64. While we are confident that Mr Patel will not damage the reputation of the profession in the future, nor act without integrity, we have to consider the seriousness of his historic behaviour and whether this requires a finding of impairment. Had there been only one or two instances, we might have found no current impairment. However, there were more than 30 instances of unauthorised access to medical records, in relation to three persons and over a period from August 2015 to December 2021. We find that this was a course of conduct of such seriousness that it must be marked by a finding of current impairment as the public would rightly expect a public declaration that this behaviour is unacceptable and that a sanction be considered.
65. We therefore find Mr Patel's current fitness to practise to be impaired on the wider public interest grounds only and accordingly we must continue to consider what sanction, if any, is appropriate.

Decision on Sanction

66. Having found impairment, we have gone on to consider the matter of sanction. The Committee's powers are set out in Article 54(2) of the Order. We should consider the available sanctions in ascending order from least restrictive, take no action, to most restrictive, removal from the register, in order to identify the appropriate and proportionate sanction that meets the circumstances of the case.
67. The purpose of the sanction is not to be punitive, though a sanction may in fact have a punitive effect. The purpose of the sanction is to meet the overarching objectives of regulation, namely the protection of the public, the maintenance of public confidence and to promote professional standards. The Committee is therefore entitled to give greater weight to the public interest over the Registrant's interests.
68. We took into account the submissions made by Ms Shameli and by Mr Patel. Ms Shameli drew attention to aggravating and mitigating factors of the case. She submitted that we should consider a meaningful period of suspension with a review. Mr Patel invited us to consider a warning.
69. We accepted the advice of the Legal Adviser and had regard to the guidance. We also had regard to the guidance on issuing and drafting the wording for a warning which is made available to the Investigating Committee but which we find equally applicable when this Committee is considering the possibility of a warning. We made this available to the parties before hearing their submissions. We took into account the Council's publication and disclosure policy, which we likewise made available to the parties.
70. We first considered the aggravating and mitigating factors in this case.
71. We identified the following aggravating factors:
 - a. This was not an isolated instance of misconduct but involved accessing the confidential records of three people on 33 occasions over a period of six years;

- b. There was a breach of trust;
- c. Mr Patel abused his privileged access, as a pharmacist, to NHS medical records.

72. We identified the following mitigating features:

- a. Mr Patel admitted all of the allegations;
- b. He has shown a highly developed level of insight and remediation;
- c. He has no previous fitness to practise history.

73. We took into account that we have found no need for a sanction to protect the public and that the issue is how to safeguard and promote the wider public interest in declaring and upholding the Standards and maintaining public confidence in the profession.

74. To take no action.

In the light of the seriousness and extended duration of the course of misconduct, taking no action would not uphold the public interest.

75. Warning.

Although Mr Patel has already remediated his misconduct, a warning would provide a public declaration that he breached the Standards, that this is unacceptable and must not be repeated. A warning would be published on the Council's online register for a period of one year. It would serve as a declaration of the Standards which all registrants and not only Mr Patel must uphold.

76. Patients increasingly rely on healthcare professionals having ready access to their medical records online and on these records being accessible by the various specialist services, including pharmacy. The public needs to be able to trust that healthcare professionals will only access such records when clinically required and with consent. It is therefore especially important that misconduct comprising unauthorised access to such records is marked in public and that the Standards are declared and upheld.

77. Before concluding that a warning would be appropriate and proportionate, we considered whether a more severe sanction would be more suitable. In a case where we have found that the misconduct is already remediated, conditions would serve no useful purpose. We therefore considered the potential sanction of suspension. Suspension would, like a warning, declare and uphold the Standards and uphold public confidence in the profession. It would do so in a more forceful way than a warning but at the cost of depriving the public of the services of a pharmacist who has been working in a professional manner in the community since December 2021 without further concern. The public would lose Mr Patel's services for the duration of the suspension. We consider that the misconduct, albeit of a serious nature, can be adequately marked by a warning, provided that the warning is sufficiently clear and forceful. We are satisfied that the public, though shocked by Mr Patel's past misconduct, would appreciate in the light of the extent of his insight and remediation, that it is not necessary to lose his service as a community pharmacist in order to uphold the Standards and protect the reputation of the profession.

78. For all of these reasons, we direct that the Registrar issue a warning to Mr Patel in the following terms:

"The Council's Standards require that pharmacy professionals behave in a professional manner and act with integrity. This includes respecting and maintaining a person's confidentiality and privacy and not abusing their privileged access to confidential information.

You have been found, by your own admission, to have had unauthorised access to the medical records of three persons. This was unprofessional and your actions lacked integrity. Although you have remediated your misconduct and do not pose an ongoing risk to the public, your fitness to practise has been found to be currently impaired in the wider public interest of declaring and upholding standards and maintaining public confidence in the profession.

The purpose of this warning is to mark the seriousness of the misconduct and to remind the profession of the importance of only accessing any person's medical records when clinically necessary and with the person's consent. As healthcare professionals rely on having access to and sharing medical records, it is imperative

that the public can trust that their confidential medical records are safe and that all healthcare professionals with privileged access to such data respect their privacy and access records in accordance with the high standards of professionalism expected of them.

This warning will be published on the register and will be available for 12 months.”

79. This concludes the determination.