

General Pharmaceutical Council

Fitness to Practise Committee

Principal Hearing

In person at Cabot square, Canary Wharf

27–30 April 2026

Registrant name: Rizvan Faruk Batha

Registration number: 2080291

Part of the register: Pharmacist

Type of Case: Misconduct

Committee Members: Neil Calvert (Chair)

Hanad Osman (Registrant member)

Roseann Kane (Lay member)

Legal Adviser: Ralph Shipway

Committee Secretary: Ivana Raimundova

Registrant: Present and represented by Kevin McCartney,
Counsel

General Pharmaceutical Council: Represented by Ayshe Sevdan, Case Presenter

Facts proved by admission: 1, stem of 2, 2.1, 2.3, the stem of 3, 3.1, 3.2, 3.3
and 4

Fitness to practise: Impaired

Outcome: Warning

Particulars of Allegation (as amended):

You, a Registered Pharmacist and the Superintendent Pharmacist of the London Specialist Pharmacy Ltd:

1. On or around December 2021 via WhatsApp message, asked Dr A for her login details for Galenic Laboratories Limited trading as Roseway Labs ("Roseway") online prescribing portal, eRoseway.

2. On one or more occasions:

2.1 personally used; and/or

2.3 did not prevent someone from using;

Dr A's login to access confidential patient information.

3. In respect of 1 and 2.1, knew, or ought to have known, that you did not have permission from Roseway and/or any patients to:

3.1. possess Dr A's login;

3.2. use Dr A's login; and/or

3.3. access confidential patient information;

4. Your actions at 1 and/or 2 above were lacking in integrity by reason of 3 above.

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

1. ADMITTED/PROVED

2. ADMITTED/PROVED

3. ADMITTED/PROVED

4. ADMITTED/PROVED

Documentation

Document 1- Council's hearing bundle (462 pages)

Document 2- Council's skeleton argument (16 pages)

Document 3- Registrant's bundle (66 pages)

Determination

Introduction

1. This is the written determination of the Fitness to Practise Committee at the General Pharmaceutical Council ('the Council').
2. This 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 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.
4. The Committee also has regard to the guidance contained in the Council's *Good decision making: Fitness to practise hearings and outcomes guidance* as revised March 2024.
5. 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.
 - Stage 3. Outcome – the Committee considers what, if any, outcome should be applied if the Registrant's fitness to practise is found to be impaired.

Service of Notice of Hearing

6. The Committee has seen a letter dated 12 March 2026 from the Council headed 'Notice of Hearing' addressed to the Registrant and sent to their registered email address as noted on the Register.
7. The Committee was satisfied that there had been good service of the Notice of Hearing ('Notice') in accordance with Rules 3 and 16 of the Rules.

Application to amend the particulars of allegation

The Committee heard an application from the Case Presenter under Rule 41 to amend particulars 2 and 3 to as follows:

1. *2.2 and 3.4 to be amended by deletion.* Particular 2.2 originally read "2 -On one or more occasions: 2.2 facilitated someone to use; Dr A's login to access confidential patient information" Particular 3.4 as originally drafted read "3 - In respect of 1 and/or 2, knew or ought to have known, that you did not have permission from Roseway and/or any patient to: 3.4 facilitate someone else to access confidential patient information". The Council submitted that whilst the evidence before the Committee was that the Registrant admitted he had not prevented someone from using Dr A's login, there was no evidence that he had facilitated anyone in doing so. On that basis, the allegation of facilitating should be deleted. As 3.4 depended on it, that too should be deleted.
8. The Registrant's Representative agreed with the proposed amendments.
9. The Committee accepted the advice of the Legal Adviser.
10. The Committee was of the view that there was no prejudice to the fairness of the proceedings by agreeing to the amendments and did so.

Registrant's response to Particulars of allegation

11. The Registrant admitted the amended particulars in full.
12. In the light of the above, and by the application of Rule 31(6) of the Rules, the admitted factual particulars were found proved.
13. The Committee went on to consider whether the Registrant's fitness to practise is impaired.

Background

14. The Registrant qualified as a pharmacist in 2012 and began his career as a clinical pharmacist at Barts Health NHS Trust. He remained in the NHS until 2020 by which time he was a Senior Clinical Trials Pharmacist.
15. In August 2020 the Registrant left the NHS and became employed in the private sector as a Superintendent Pharmacist at the London Specialist Pharmacy ("Specialist Pharmacy") owned by Dr G. Specialist Pharmacy is a private compounding pharmacy which produces hormone medications.
16. Galenic Laboratories Ltd trading as Roseway Laboratories ("Roseway") is a similar business to that of Specialist Pharmacy. The CEO of Roseway, EP, worked for Specialist Pharmacy prior to setting up Roseway.
17. Dr A also once worked at the clinic arm of Specialist Pharmacy (The Marion Gluck Clinic) leaving in 2016 and was known to both Dr G and EP. At the time of the allegation, Dr A used the prescribing portals of both businesses when prescribing for patients. In due course Specialist Pharmacy was sold to Fagron Group BV and the Registrant remained in its employment thereafter.
18. In summary, the allegation faced by the Registrant set out in full above is that he obtained and used Dr A's Roseway login details, that he accessed confidential patient information contained on its portal without authority to do so when he knew or

should have known that he should not, and that he failed to prevent others from doing so.

19. The Committee had before it the evidence filed by the Council. It also had the Registrant's statement dated 19 September 2025 which included CPD certificates (Probity and Ethics in Practice, Probity Ethics and Professionalism and GDPR and Information Governance) as well as many favourable testimonials from current and former colleagues and others. He also gave oral evidence at the hearing.
20. The Council relies on the evidence of five witnesses – EP, CEO of Roseway, AB, Director of Getme Ltd, a web development company, MC, Superintendent Pharmacist and Co-Director of Roseway, ST and KB both from Kingsley Napely Solicitors. It is agreed between the parties that the written evidence shall stand unchallenged and there is no need for the witnesses to be questioned.
21. In relation to allegation 1, EP is the Chief Executive Officer of Galenic Laboratories Limited trading as Roseway Labs ("Roseway"). She explains that Dr A used to work at the Marion Gluck Clinic and was a clinic user of Roseway's online prescribing portal, eRoseway, so that she had her own login credentials.
22. EP exhibited WhatsApp messages between the Registrant and Dr A, in which the Registrant asks Dr A to share her login credentials to eRoseway, which she then provided.
23. The Registrant admits that on 8 December 2021, he sent a WhatsApp message to Dr A requesting that she share her eRoseway details with him as the details previously provided by her to Dr G no longer worked. The Registrant used those login details on a couple of occasions in December 2021 and then did not further access the eRoseway portal.
24. In relation to allegation 2, AB is the director of Getme Limited ("Getme"), a web development agency that develops bespoke applications for clients and which supported eRoseway. AB produced a statement of 14 October 2022, which exhibited NGINX logs, access logs, which included information which enables the user to view

patient's details, and the specific document the request relates to, such as which patient they wish to view. The Registrant admitted to having accessed the eRoseway portal from his home address on approximately 14 occasions and may well also have accessed the portal from computers in the Specialist Pharmacy, but could not precisely remember.

25. The Registrant also admitted that he was aware that others were accessing the eRoseway portal, but he did not intervene so that he failed to prevent the access of confidential patient information.
26. In relation to allegation 3, it is the Council's case that in the circumstances it was more likely than not that the Registrant knew he did not have express or implied permission from Roseway and/or the patients to possess and use Dr A's login credentials for access to confidential patient information.
27. The Registrant admits that when he was initially asked to access the eRoseway portal, he was uncomfortable in doing so and thought that others at Specialist Pharmacy should not be doing so.
28. In relation to allegation 4, the Council's case is that the Registrant's actions at allegation 1 and/or 2 were lacking in integrity by reason of allegation 3.
29. The Council relies on the authority of *Wingate v Solicitors Regulation Authority [2018] EWCA Civ 366*. The Court of Appeal found that integrity was a broader concept than honesty and expresses the higher standards society and professions expect from professionals.
30. The Council submitted that on the Authority of Wingate, professionals are expected to adhere to those higher standards.

Stage 2: The Committee's Decision on Impairment

31. The amended facts having been admitted and found proved, the Committee went onto consider whether the Registrant's fitness to practise was currently impaired.

32. The Registrant gave evidence. He produced his statement of 19 September 2025, confirmed his signature and that he believed the facts in the statement to be true.
33. In his statement, the Registrant confirmed his professional background and that after working as a Hospital Pharmacist for 8 years, he transitioned in August 2020 to the role of Superintendent Pharmacist at The London Specialist Pharmacy (“Specialist Pharmacy”).
34. When he joined the Specialist Pharmacy, the business was led by Dr G and approximately two months after joining the company, Dr G provided the Registrant with login details for eRoseway. These have been provided by one of the prescribers that used the Pharmacy, Dr A. He was told that Dr A, who used both the Specialist Pharmacy and Roseway, found the eRoseway portal easier to use. The Registrant was instructed by Dr G to use the login details to access the eRoseway portal in order to gain some experience of the eRoseway prescribing and online order services. The Registrant was uncomfortable in doing so and thought that they (Specialist Pharmacy) should not do so. He regrets that at that point he did not voice his concerns and stand up to Dr G. After this initial discomfort, the Registrant did not further consider the implications for himself or others when accessing the eRoseway portal, including when he asked for Dr A’s login credentials approximately one year later in December 2021.
35. The Registrant confirmed in his evidence that he did not print out, share or make any notes of the material, which he accessed. Since the matters came to light, he has conducted a thorough review of his company’s policies and procedures and completed a reflective account of his conduct. He has undertaken relevant CPD courses on ethics and information governance. He gave evidence to confirm that he has recently taken a sabbatical to spend more time with his family, resigning from his fulltime post as Director of Innovation and that he now works on an ad hoc basis as a consultant for the same employer.

36. In answer to questions from Ms Sevdan, he confirmed that although there were the pressures of Covid, being new to the business and Dr G's management style, these pressures did not justify his actions. He now considered that he could stand up to people, speak up when necessary, and that if he was presented with a similar situation now, he would report the issue to the appropriate person in authority or external organisation and extricate himself. He made clear that he would never make such a decision again.
37. In answer to questions from the Committee, he described his current role working on specific projects with no fixed hours of work and said it consisted of a combination of both clinical and non-clinical activities. He stated that he was passionate about the profession of pharmacy and specifically considered the matter of whistleblowing where concerns have been raised but no action has been taken. He informed the Committee about the importance of being able to share concerns with organisations outside of the company if there is a worry that they are being dismissed by those at the top of the organisation.
38. He also informed the Committee that he had received no formal induction when he joined Dr G's company, but he acknowledged that his actions have been unacceptable and described them as being '*really stupid*'. He had spent the last five years thinking about it and gave assurances that no such action would occur in the future at any time as he was so remorseful. He reiterated his apology to patients.
39. The Committee took account of all of the documentation before it, the Registrant's oral evidence, Ms Sevdan's submissions on behalf of the Council, and those of Mr McCartney on behalf of the Registrant.
40. The Council's position is that the Registrant's remediation efforts have been extensive and that these efforts coupled with the changes to the Registrant's working environment render the risk of repetition low. The Council does not consider it necessary in the circumstances to make a finding of impairment on the ground of the need to protect patients and the public in the future. Nevertheless, the Council

submits it is necessary that there be a finding of current impairment in order to promote and maintain public confidence in the profession and maintain and uphold proper standards of conduct for the profession. The submission of the Council was that such a finding was necessary in order to send a message to both the profession and the public that persistent disregard for patient's privacy and confidentiality was unacceptable and must give rise to a finding of impairment.

41. Mr McCartney on behalf of the Registrant made no submissions as to misconduct but submitted that a finding of current impairment in this case was not required. He invited the Committee to look at all components of the case and adopt a holistic approach. He stressed that a finding of misconduct did not inevitably lead to one of current impairment and he invited the Committee to consider what constituted "regulatory consequences". His case was that the proceedings themselves had achieved the regulatory aim so that a finding of impairment was not needed.
42. The Committee accepted the legal advice of the Legal Adviser, who drew the Committee's attention to relevant case law and the meaning of current impairment.
43. The Committee took account of the guidance given to the meaning of 'fitness to practise' in the Council's publication *"Good decision-making"* (Revised March 2024). Paragraph 2.12 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 our various standards, guidance and advice."
44. The Committee first considered which, if any, of the Council's standards for professionals (May 2017) have been breached by the Registrant's conduct.

45. (i) **Standard 6** – requires pharmacy professionals to behave in a professional manner at all times. The Council submitted that the Registrant’s conduct fell short of this requirement because he accessed confidential information using credentials not assigned to him and without proper authorisation, demonstrating a breach of trust in his professional dealings. By failing to obtain the necessary permissions, the Registrant acted contrary to the integrity expected of pharmacy professionals. Accessing patient’s information without authorisation shows disregard for patient’s privacy and dignity, key elements protected under this standard.

(ii) **Standard 7** – requires pharmacy professionals to respect and maintain a person’s confidentiality and privacy at all times. This is vital to the professional relationship and the Council submitted that the Registrant’s conduct demonstrated a lack of understanding of the importance of managing confidential information responsibly and a fundamental lack of respect for patient’s privacy and confidentiality.

(iii) **Standard 8** – requires pharmacy professionals to speak up when they have concerns or where things go wrong. Meeting this standard involves pharmacy professionals challenging poor practices and behaviours, raising concerns even when it is not easy to do so and informing employers or the Council of any concerns which they may have. The Registrant did not raise his concerns with senior management, proceeded to access the eRoseway portal on multiple occasions, took no action despite his knowledge that other colleagues were also accessing the portal and approached Dr A himself when the previous login details no longer worked to make his own request for her credentials, in direct breach of the duty of candour imposed by this Standard.

(iv) **Standard 9** – requires pharmacy professionals to demonstrate leadership, irrespective of the seniority of their role. The Standard may be demonstrated by a pharmacy professional taking responsibility for their practice and leading by example. The Council submitted that the Registrant’s conduct was a poor example of leadership by any pharmacy professional, not least one in the position of a Superintendent Pharmacist.

46. The Committee was aware that a breach of the standards does not automatically result in a finding of misconduct, noting the content of Rule 24(11) of the Rules. However, there were four Standards breached in this situation and therefore the Committee took the view that the Registrant's conduct was seriously reprehensible. The issue of confidentiality is of crucial importance and there was here a clear departure from the requisite Standards on multiple occasions. The Registrant also knew that others were acting in such a way, but he allowed it to continue. The Committee took a view that the extent of the misconduct was such that it would be regarded as deplorable by fellow practitioners and that a finding of misconduct was necessary in the circumstances.

47. The Committee next turned to consider whether any sub particulars of Rule 5(2) of the Rules are engaged by the Registrant's misconduct.

48. Rule 5(2) of the Rules provides:

"In relation to evidence about the conduct or behaviour of the registrant which might cast doubt on whether the requirements as to fitness to practise are met in relation to the registrant, the Committee must have regard to whether or not that conduct or behaviour –

- a) presents an actual or potential risk to patients or to the public;*
- b) has brought, or might bring, the profession of pharmacy into disrepute;*
- c) has breached one of the fundamental principles of the profession of pharmacy; or*
- d) shows that the integrity of the registrant can no longer be relied upon."*

49. Although it was not submitted by Ms Sevdan that Rule 5(2)(a) was engaged, the Committee first considered whether the conduct presented an actual or potential

risk to patients at the time. The Committee took note of the evidence of MC relating to the data breach which had to be communicated to a number of patients.

50. The evidence of AB and KB relating to the NGINX logs was not contested.
51. The Committee took a view that the misconduct did have the potential to harm the patients at the time of the misconduct but was satisfied that there has been evidence placed before them as to the new procedures and policy resulting in a change of culture. The Committee noted the content of the course certificates, which the Registrant had attended and together with the testimonial of HO, Leadership Coach, and were satisfied that as of today, there was no longer an actual or potential risk to patients or to the public.
52. The Committee then considered Rule 5(2)(d) but was satisfied that the integrity of the Registrant could now be relied upon, having noted his live evidence and the written testimonials. They noted the steps he had taken to help colleagues and to prevent similar breaches of data governance in the future, and his evidence in answer to the Committee's questions gave it confidence that this was no longer a live issue.
53. The Committee then considered Rule 5(2)(b) and noted that the access of patient information had not taken place in an isolated incident but on multiple occasions over the period of a year from two separate addresses, one of which was his own home. The Committee was dismayed that a number of patients had been communicated with in relation to the data breach, and it noted that these were not patients for whom the Registrant had any clinical responsibility, or even patients associated in any way with the organisation for which he worked. While it noted the Registrant's evidence that he did not retain or share any patient information that he accessed, he also confirmed that he knew other colleagues were using the Roseway portal, and he could not have known with any certainty whether any of them were doing so, yet he failed to speak up. This was compounded by the Registrant when he himself asked for the login details in December 2021 following a change of password

by Dr A. The Committee was in no doubt that this had brought the profession into disrepute.

54. The Committee considered Rule 5(2)(c) and took the view that patient confidentiality is indeed a fundamental principal of the profession of pharmacy as is the duty of candour. The Registrant has not demonstrated the standards expected of a pharmacy professional, let alone demonstrated the behaviours expected of a leader of a pharmacy in a role of a superintendent pharmacist.
55. The Committee took the view that Rules 5(2)(b) and (c) were still engaged but was conscious of the passage of time.
56. The Committee took note of the judgement of Mr Justice Cranston in the case of *Cheatle v GMC [2009] EWHC 645 (Admin)* in relation to the context of that Doctor's behaviour being examined. In circumstances where there is misconduct at a particular time, the issue becomes whether that misconduct in the context of the Doctor's behaviour both, before the misconduct and to the present time, is such as to mean that his or her fitness to practise is impaired. The Doctor's misconduct at a particular time may be so egregious that looking forward a panel is persuaded that the Doctor is simply not fit to practise medicine without restrictions, or maybe not at all. On the other hand, the Doctor's misconduct may be such that seen within the context of an otherwise unblemished record, a Fitness to Practise Panel could conclude that, looking forward, his or her fitness to practise is not impaired, despite the misconduct.
57. The Committee considered the principal set out by Mr Justice Silber in *Cohen v General Medical Council [2008] EWHC 581 (Admin)*:

"It must be highly relevant in determining if a Dr's fitness to practise is impaired that first his or her conduct that led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated."

58. The Committee took into account the insight, remorse and remediation confirmed by the Registrant's written and oral evidence. He had been able to continue to practise for some years with no further concerns, and the Committee could not ignore the passage of time.

59. The Committee next considered the case of *CHRE v NMC and Grant [2011] EWHC 927 (Admin)* where Mrs Justice Cox noted:

"In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances."

60. The Committee went onto consider the case of *Fopma v General Medical Council [2018] EWHC 714*, where Mr Justice Baker said:

"Put the other way round, a failure to find impairment in any given case, whilst warnings as to future conduct can still be issued, is tantamount to an indication on behalf of the profession that conduct is the kind in question need not have regulatory consequences. If that, depending on the nature of the conduct in question, would itself be an unacceptable conclusion, then that can in any given case be a sufficient basis in itself to justify or indeed compel a conclusion of impairment."

61. The Committee gave very careful consideration to Mr McCartney's submission that regulatory consequences have been achieved by the regulatory process including the Registrant attending a hearing of the Fitness to Practise Committee, which was clearly part of the regulatory umbrella, so that a finding of impairment was not needed. He submitted that the process had achieved the regulatory aim and that the Registrant's reflections were wholly embedded in his practice such that public confidence should now be heightened. However, the Committee did not accept that members of the public would agree that the regulatory process so far and the

hearing of itself would mark the seriousness of the misconduct. The Committee reminded itself of the words of Mr Justice Cranston in *Cheatle* and took the view that the misconduct involving a repeated pattern of conduct in which patient confidentiality was breached was so egregious that it constituted a current impairment.

62. Taking all of the evidence before it into account, the Committee is satisfied that members of the public, if they were fully apprised of the facts of this case, would be dismayed if a finding of impairment were not made. In the words in the case of *Grant* set out above, the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstance of this case.
63. For all the reasons above, the Committee finds that the Registrant's fitness to practise is currently impaired in the wider public interest. That is, in order to maintain public confidence in the profession regulated by the Council; and to uphold proper professional standards and conduct for members of the profession.

Stage 3: The Committee's decision on Outcome

64. Having found impairment, the Committee has gone on to consider the matter of outcome. The Committee's powers are set out in Article 54(2) of the Order. The Committee should consider the available outcomes in ascending order from least restrictive, take no action, to most restrictive, removal from the Register, in order to identify the appropriate and proportionate outcome that meets the circumstances of the case.
65. The purpose of the outcome is not to be punitive, though an outcome may in fact have a punitive effect. The purpose of the outcome 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.

66. The Committee had regard to the Council's '*Good decision making: Fitness to practise hearings and outcomes guidance*' to inform its decision.
67. The Committee took into account the submissions made by Ms Sevdan and Mr McCartney.
68. Ms Sevdan set out the aggravating and mitigating factors in her submissions and reminded the Committee that the gravity of the case, involving repeated and sustained unauthorised access to patients' confidential information, warranted a suspension of three to four months as only this would adequately mark the seriousness of the misconduct as well as ensure public trust and confidence in the profession being upheld and maintained.
69. Mr McCartney submitted that a warning would be the appropriate and proportionate outcome and would of itself mark the profession's disapproval of the misconduct. Mr McCartney invited the Committee to consider that the Registrant was a talented, caring pharmacist and the ordinary intelligent well-informed citizen would recognise that he had done everything possible to address his professional lapse. Mr McCartney further submitted that the public interest would be better served by allowing him to continue to practise, and that it had, in fact, already been served by the Registrant being able to practise effectively, without restriction, in the years since the misconduct occurred. Mr McCartney also submitted that a warning is not a lenient disposal being on the record and accordingly available to the public for 12 months.
70. The Committee accepted the advice of the Legal Adviser.
71. The Committee first considered what, if any, aggravating and mitigating factors there may be.

72. The Committee identified some aggravating factors, including:

- a. The serious nature of the misconduct and the repeated breaches of confidentiality over a period of more than a year. Accordingly, the access to information was not a 'one off' occurrence, but a repeated pattern of conduct.
- b. The actions of the Registrant in actively seeking further login information at a much later date.
- c. Multiple patients were impacted by the Registrant's conduct.
- d. The patients impacted were notified by Roseway of a data breach, which likely caused stress and anxiety to some, or all of the patients affected.
- e. The impact of the unauthorised access on Roseway who had to take numerous steps to manage the data breach.
- f. The Registrant was in a senior position, being superintendent pharmacist and should have been a positive example to juniors as he was in a position of leadership.
- g. The Registrant had worked in the National Health Service for some eight years and should have been well aware of the disciplines of data governance.
- h. The Registrant was aware that other members of the team were breaching confidentiality, but he took no steps to prevent such access.

73. The Committee identified some mitigating features including:

- a. The Registrant had an unblemished record having worked in the National Health Service for some eight years.
- b. Following these matters there had been no further fitness to practise concerns.

- c. The Registrant's expressions of regret, remorse and apology, strengthened by his oral evidence.
 - d. The level of insight and remediation demonstrated by the Registrant who had commenced the remediation as soon as he was aware of the complaint being lodged.
 - e. The positive testimonials tendered by the Registrant by a wide range of referees aware of the allegations against him. These included a former manager who confirmed his willingness to reemploy him and a former GPhC inspector who worked with the Registrant and who attested to his excellent clinical leadership.
74. The Committee next turned to consider the outcomes available to it in the ascending order of severity.
75. To take no action. The Committee first considered whether it would be appropriate to take no action, however it was of the view that this outcome would not be sufficient to protect the wider public interest by sending out the message to the profession and the public about the seriousness of the Registrant's misconduct in the light of the standards expected of him as a professional.
76. Warning. The Committee next considered whether issuing a warning would be appropriate. The Committee agreed with the submissions of Mr McCartney, that he had '*channelled his professional practice into public service*'. The Committee believed that his remediation had a positive effect to the advantage of the public. The Committee also accepted that a warning is not a lenient disposal of the case as it is a formal warning on the record for a period of 12 months which does indeed mark the expression of disapproval of the Council and the profession.
77. The Committee went on to consider the next available outcome but thought that conditions could not possibly be appropriate in a case of this nature. The Committee also considered whether a short period of suspension might be an appropriate

disposal but, bearing in mind all of the mitigating factors, considered that any period of suspension would be disproportionate.

78. Accordingly, the Committee warns the Registrant in the following terms.

As a pharmacist, you hold a respected position in society and are expected to behave in a professional manner (Standard 6), respect and maintain a person's privacy (Standard 7), speak up when you have concerns or things go wrong (Standard 8) and demonstrate leadership (Standard 9). As a superintendent pharmacist at the time of the misconduct, there was a greater responsibility upon you to model these Standards for other professionals.

Your actions in accessing the details of multiple patients without authorisation repeatedly over an extended period of time, and your failure to act when you knew others were doing so, demonstrated a clear departure from all of these Standards. Such behaviour damages the reputation of the profession and undermines public confidence and must not be repeated.

This warning will be published on the register against your name for 12 months. It may be taken into consideration should any fitness to practise allegations arise against you in the future.

79. This concludes the determination.