



**HPDT NO:** 1091/Phar19/467P

**UNDER** The Health Practitioners Competence Assurance Act 2003 (“the HPCA Act”)

**IN THE MATTER** of a disciplinary charge laid against a health practitioner under Part 4 of the Act.

**BETWEEN** **A PROFESSIONAL CONDUCT COMMITTEE** appointed by the **PHARMACY COUNCIL OF NEW ZEALAND**

**Applicant**

**AND** **MS A**, registered pharmacist, of X

**Practitioner**

**HEARING held by video conference link on 7 April 2020**

**TRIBUNAL:** Mr D M Carden (Chair)  
Ms K Shaw, Ms S Drake, Mr D Sayer and Ms A Kinzett  
(Members)  
Miss D Gainey (Executive Officer)

**APPEARANCES** Ms K Alexander for the Professional Conduct Committee  
Ms A in person

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## Introduction

- [1] While working as a pharmacist at [the Pharmacy] between 6 May 2016 and 14 July 2017 Ms A accessed certain medical records of three patients who were at the time outside of her patient-care duties. This happened on 12 occasions. The patients in question were her former husband, Mr A, her former husband's then partner, Ms Z, and her own daughter, Ms I. In doing so, on occasions Ms A accessed these records by using the log-on access of colleagues. This matter has been investigated by a Professional Conduct Committee (PCC) of the Pharmacy Council of New Zealand (the PCNZ) which laid a Charge before the Tribunal under the Health Practitioners Competence Assurance Act 2003 (the HPCA Act).
- [2] The Charge was heard by the Tribunal during the Covid-19 lockdown by video-conference link with the PCC represented by counsel and the practitioner, Ms A, appearing on her own behalf, but with the help of submissions written for her with legal advice. Submissions on the Charge and as to penalty had been lodged with the Tribunal as earlier directed prior to the hearing but the Tribunal did not take into account, in deciding whether the Charge was made out, any matters referring to penalty. There had also been lodged with the Tribunal an Agreed Summary of Facts signed by Ms A and there was an Amended Agreed Summary of Facts (unsigned) also provided. The Tribunal was advised at the hearing that the PCC agreed to the content of those documents and further that Ms A also agreed and would sign a copy. Also provided to the Tribunal was an agreed bundle of documents on the basis that had been directed at an earlier conference namely that each document in the bundle:
- (i) is what it purports to be on its face;
  - (ii) was signed by any purported signatory shown on its face;
  - (iii) was sent by any purported author to, and was received by, any purported addressee on its face;
  - (iv) was produced from the custody of the party indicated in the index;
  - (v) is admissible evidence; and
  - (vi) is received into evidence as soon as referred to by a witness in evidence, or by counsel in submissions, but not otherwise

**Background**

- [3] Ms A is a registered pharmacist having qualified in [ ] and become registered in [ ]. At all relevant times Ms A worked as a pharmacist at the [ ] (the Pharmacy). That Pharmacy uses a patient management system called Concerto. That system stores information concerning patients that can be viewed by pharmacists and other health professionals. The information includes the patient's name, address, date of birth, general practitioner, next of kin, residential status and medical records.
- [4] Between 6 May 2016 and 14 July 2017 Ms A accessed certain records on that system. These related to three people known to her, namely: her daughter, Ms I, between 6 May 2016 and 7 October 2016; her ex-husband, Mr A, between 23 June 2017 and 14 July 2017; and the then partner of her ex-husband, Ms Z, between 20 March 2017 and 14 July 2017.
- [5] Access to these records was in circumstances outside of Ms A's patient-care duties. In some cases use was made of other pharmacists' open Concerto sessions when those pharmacists were working with Ms A in the dispensary.
- [6] An investigation was launched into the matter by her employer, [DHB] resulting in a disciplinary process being initiated for serious misconduct; and during that process Ms A resigned from her employment at the Pharmacy.
- [7] Ms A did not have patient-care duties during the periods mentioned in the Charge in respect of any of the three individuals mentioned and has acknowledged accessing the respective records for those individuals as set out in the Charge. Ms A has acknowledged accessing those records using her colleagues' log-on access without authority when those colleagues left their Concerto sessions open while working with Ms A in the dispensary on the seven occasions listed in the Charge.
- [8] In the Agreed Summary of Facts Ms A has admitted that the facts were true and accurate as set out above and that those facts established each particular of the Charge to the required standard; that her conduct was unprofessional and contrary to her professional obligations and was in breach of the PCNZ Code of Ethics and the Health Information Privacy Code 1994 (the HIPC). She admitted that her conduct amounted to professional misconduct cumulatively amounting to malpractice or negligence in relation to her scope of practice pursuant to section 100(1)(a) of the HPCA Act; and was conduct likely to bring discredit to

her profession pursuant to section 100(1)(b) of that Act; and warranted disciplinary sanction.

**Liability: the parties' position**

[9] The submissions for the PCC, having referred to general principles, specifically referred to the Code of Ethics promulgated by the PCNZ pursuant to its obligations under section 118 of the HPCA Act to set standards of clinical competence, cultural competence, and ethical conduct to be observed by pharmacists. The relevant version of the Code of Ethics covering the timeframe is the Code of Ethics 2011.

[10] Principle 2.7 of that Code required pharmacists to safeguard and respect the confidentiality of all information regarding a patient and Principle 4.8 required pharmacists to:

*“Only collect and use patient information for the purposes it was obtained or in circumstances where it is otherwise lawful to disclose or use that information. Take appropriate steps to prevent unauthorised disclosure of or access to patient’s health information”.*

[11] Principle 5.5 of the Code stated that pharmacist must:

*“Maintain a working knowledge of current Acts, Regulations, Rules, Codes and Council statements which impact on your area of pharmacy practice and comply with the obligations contained in them at all times”.*

[12] There were other obligations<sup>1</sup> for acting in a trustworthy manner and for practising in a manner that does not compromise professional independence, judgment or integrity and ensuring that actions do not prevent others from complying with their appropriate obligations or present a risk to patient care or public safety; and taking appropriate steps to maintain the confidence and trust placed in colleagues and other healthcare providers by patients.

[13] The submissions referred to the HIPC and Rule 10 of that Code concerning the holding and use of health and information by health agencies of which Ms A was one.

[14] Reference was also made to various provisions of the PCNZ Competence Standards which are applicable, including sound knowledge and understanding

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<sup>1</sup> Principles 4.1; 6.1; 7; and 7.6

- of ethical principles<sup>2</sup>, awareness of the position of trust<sup>3</sup>, respect for patient privacy and autonomy<sup>4</sup>, and compliance with ethical and legal requirements<sup>5</sup>.
- [15] Specifically, in relation to systems recording patient information there is the obligation to use the systems to maintain privacy and security of that information.
- [16] The submissions for the PCC also referred to policies of the [DHB] said to largely mirror the provisions of the Code of Ethics and the HIPC. The Tribunal has taken those into account; although they perhaps primarily relate to employment issues, they are nevertheless a guide for standards to be observed.
- [17] Having then referred to other decisions of the Tribunal<sup>6</sup>, the PCC submitted that the Charge was made out as professional misconduct as negligence or malpractice in relation to Ms A's scope of practice, her acts and omissions having fallen below the standards reasonably expected of her as a registered pharmacist. She ought to have known that accessing and viewing these records were outside of her patient-care duties, that she had no authority to access these records, and that such access was a breach of privacy.
- [18] Reference was made to a submission that Ms A made to the PCC in which she acknowledged that she knew that what she was doing was wrong but she continued to stay at the pages concerning Ms I's and Ms Z' records because, she said, she thought to herself that that used to be her address, that used to be her home and that used to be her family home.
- [19] As to the use of colleagues' log-on facilities for accessing records, the PCC submitted that Ms A ought to have known that this was inappropriate and a breach of privacy; and that she compromised her colleagues' professional standing by breaching the trust and using that log-on for information access.
- [20] The submissions continued that these acts on Ms A's part were likely to bring discredit to her profession; and that the professional misconduct warranted disciplinary sanction.

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<sup>2</sup> Competency M 1.2.3

<sup>3</sup> Competency M 1.1.2

<sup>4</sup> Competency 2.4

<sup>5</sup> Competency M 1.2

<sup>6</sup> *Zabala*; 826/MLS16/344P; *Ms S* 623/Nur13/256P; *Paterson* 250 and 262/Nur09/119P; *Park*; 566/Nur13/239P

- [21] There were no express submissions in reply from Ms A or drafted on her behalf. Orally Ms A said to the Tribunal that she was under significant stress at the time from the events and referred to the submissions on penalty on her behalf.
- [22] The Tribunal does note what was said by Ms A in the context of penalty and in the explanations she had earlier given to the PCC. These referred first to the traumatic events in her family life in [ ] leading to separation from her husband, Mr A. The background to that was referred to in the submissions and concerned her husband's extra-marital activities. Reference was made to Ms A's anxiety about her daughter's care and her having become "*obsessive*" and reacting compulsively when her former husband's new partner arrived at her workplace. Her former husband, [ ], had Ms A placed under surveillance and arrested which led to a three-week period in which she had no contact with her daughter, Ms I, who was then aged [ ] years. The charges were abruptly dropped due to "*lack of evidence*".
- [23] During this time Ms A was required to adjust to her role as a solo mother and to having shared custody of her daughter. Her former husband's new partner, Ms Z, had part-time care for Ms I and lived in the former matrimonial home. It was during her work as a pharmacist at the [ ] that Ms A incidentally accessed Ms Z' records there. She recognised the address on the file and realised that this referred to her former husband's new partner. It was said that Ms A wanted to know if there was any reason why she needed to be concerned about her daughter living with Ms Z and that was the background to her accessing the Ms Z' records as charged.
- [24] The submissions referred to what was said to be instances often triggered by a legitimate concern, such as what her daughter had said to her about her former husband's health. Ms A noted that a colleague had left the computer logged in and she took the opportunity to assess Mr A's records and information about his health which might impact on her daughter. On another occasion Ms A received a text message from Mr A while their daughter was in his care informing her that their daughter would not be attending school because she was sick; and when Ms A responded to this she received no reply. It was said she was not unable to garner any more information about her daughter and consequently, when a colleague left the computer logged on Ms A took the opportunity to review her daughter's health record.

- [25] It was said that Ms A also accessed Ms Z' health records simply "*out of an obsession with Ms Z, born out of her anxiety and depressive symptoms*".

### **Discussion**

- [26] The Tribunal finds that the Charge is made out as laid. The guidelines promulgated by the PCNZ set the standards that apply, as they are intended to do, having been promulgated under section 118 of the HPCA Act. These standards have been emphasised by the other decisions to which the submissions for the PCC referred. It is a significant breach of privacy for a pharmacist to access records of persons in respect of whom they have no professional interest or reason to access those records. This is especially so in the case of persons known to the practitioner or members of the family. This is aggravated by the access to those records by Ms A through other colleagues' log-ons. For her to have done so implicates those colleagues; and suspicion could have fallen on them, had it been discovered that records for the three patients had been accessed on computers using their log-on.
- [27] The Tribunal finds that there has been malpractice on Ms A's part and conduct which brings discredit to her profession which warrants disciplinary sanction in respect of both particulars cumulatively. The hearing then proceeded to discuss penalty.

### **Penalty**

- [28] The position of the PCC on this question of penalty was that in all the circumstances there was no need for any order for penalty by the Tribunal against Ms A. The submissions went through the different principles and other cases.
- [29] Reference was particularly made to *Dr U*<sup>7</sup>. That was a case where the Tribunal found that there had been professional misconduct on the part of the doctor which warranted disciplinary sanction, but did not then order any sanction against her. The circumstances were that the doctor had been, at the end of her professional career, doing voluntary work overseas and during that time had incorrectly completed her respective applications for Annual Practising

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<sup>7</sup> 99/Med14/298P



Certificates. That was found by the Tribunal to be negligence on her part, and, addressed objectively, to warrant disciplinary sanction; but in the particular circumstances of her case no order for penalty was made.

[30] The Tribunal said<sup>8</sup>:

*“88. What the Tribunal has focused on in this case therefore is the content of the forms and the extent that they were incorrect. Any belief by Dr U as to the accuracy of the forms and any explanation she gives as to her misunderstanding or wrongful beliefs do not affect the question of whether the acts or omissions in question were likely to bring discredit to the medical profession. The Tribunal does not accept submissions on behalf of Dr U that “All the factors must be considered including Dr U’s laudable humanitarian focus and her medical career being in its twilight years.” The focus of section 100(1)(b) of the HPCA Act is on the acts or omissions to which the Charge refers and **the primary focus must be on those acts or omissions and whether they brought or were likely to bring discredit to the medical profession.** Personal questions, such as motivation or those factors mentioned in the submissions, can only be considered in the context of questions of penalty.*

*89. The Tribunal has concluded that members of the public, informed about the necessity for a medical practitioner to maintain education and professional standards and to attend the appropriately required programmes from the relevant certifying authority, in this case the RNZCGP, would conclude that, in completing an application for an APC, a medical practitioner would ensure that there had been compliance with the necessary programmes and that the form was completed correctly and the declaration at its end was accurate and correct” (emphasis added).*

[31] It was submitted for the PCC that the objectives of maintaining standards in the profession and deterrence are met by the finding on liability and “*an expression of the Tribunal’s disapproval of conduct of the kind established*”. Reference was made to the fact that Ms A resigned in [ ] 2017 and has not practised as a pharmacist since; and has “*effectively been suspended for a period in excess of two years*”.

[32] Another case mentioned was the case *Zabala*<sup>9</sup>. In that case a nurse had accessed the patient records of only six patients and emphasis was placed on the fact that Ms A’s conduct related to fewer patients (3 in total) with only 12 instances of unauthorised access.

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<sup>8</sup> Paragraphs [88] and [89]

<sup>9</sup> 826/MLS16/344P

- [33] Not surprisingly, the submissions of counsel for Ms A included an acceptance by her that there should be no penalty ordered. The lengthy submissions discussed the principles; referred to mitigating and aggravating factors; referred to the cases mentioned on behalf of the PCC and distinguishing features; and discussed at length the background factors behind the offending which are referred to above.
- [34] The submissions outlined the personal circumstances for Ms A both in the context of penalty and in the context of non-publication of name or identifying details for Ms A.

### **Discussion**

- [35] It has troubled the Tribunal that the PCC has taken the position that it has. If the matter was sufficiently serious for it to have gone to the trouble and expense of investigating the matter and reaching a decision to lay a Charge before the Tribunal and to have put Ms A to the efforts and expense of taking legal advice and having submissions prepared and then attending the hearing, and if the submission is that, by comparison with other cases and having regard to relevant principles, the misconduct on Ms A's part was sufficiently serious to warrant disciplinary sanction, then one would have thought the PCC would be seeking such a sanction by imposition of some penalty order.
- [36] If what is sought by the PCC is an expression of the Tribunal's disapproval of the conduct involved in this case, then words may express this, but effectively it is only a penalty ordered that can do that. Otherwise, readers of the decision will see that the outcome for Ms A was that there was no penalty ordered in the circumstances and other practitioners may be inclined to treat compliance with standards and obligations of this kind casually and without real regard to the consequences for themselves.
- [37] There have been many other cases, referred to in the submissions for the parties and in the decisions<sup>10</sup>, where the Tribunal has said time and again how inappropriate it is for a practitioner to access records of any person where they have no professional reason to do so and that applies especially in the case of family members. It is an abuse of the patient's privacy and it is an abuse of the

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<sup>10</sup> For example *Raju*; 712/Nur14/312P

authority that the health practitioner has to access records on appropriate occasions.

[38] The Tribunal considers that there are certainly mitigating factors behind Ms A's misconduct in this matter as outlined in her submissions and the detail given. The access to the records of her daughter were understandable and could have been made perfectly legitimately by appropriate sources. She chose, however, to access those records using other colleagues' log-on and in the inappropriate manner that she did. Curiosity about the health position of her former husband, the father of her daughter, is also to be understood but Ms A had no business to know this and certainly not by making the inquiries of the records in the way that she did. Ms A had no business to know the health records of her former husband's partner, Ms Z, and there are significant privacy issues in her having accessed those records in the way that she did.

[39] In her statement to the Tribunal Ms A said that she wished to return to the practice of pharmacy from which she has voluntarily withdrawn in the meantime and she referred to the work she has been doing which is not a pharmacist role. Ms A said there would never be a situation arise like this again and she would talk to other people about any stressors that were in her life.

[40] The Tribunal has concluded that, despite the position taken by both parties, there should be an order for censure against Ms A to express the Tribunal's disapproval of this conduct and to send again the message to pharmacists and other health practitioners concerning inappropriate access to medical records and inappropriate implication of colleagues by use of their login on computers to do so. There is an order for censure made below.

[41] The Tribunal considered whether they should be conditions imposed on Ms A on any ongoing practice as a pharmacist but concludes that that is not necessary. She has had the period of time since she was practising and during this disciplinary process to reflect on her position and she has done so. The circumstances were a perfect storm of personal circumstances and it was not a case of random access to the medical records of those involved.

[42] There are accordingly no other orders that the Tribunal considers necessary by way of penalty.

## Costs

- [43] As for costs, the PCC did not seek an order for costs and asked that they lie when they fell. Detail of the PCC costs was not given to the Tribunal.
- [44] The submissions for Ms A accepted that a percentage reduction in the costs incurred by the PCC and Tribunal costs would normally be ordered and submitted that a 25% contribution should be ordered. Detail was given about Ms A's means and there was also produced an affidavit of Ms A's means which included her income and outgoings and details of various assets including her home and savings.
- [45] The costs for the Tribunal must also be considered and these were estimated to total \$11,121.00.
- [46] Section 101 of the HPCA Act provides in this context:

*"... the Tribunal may—*

*....*

*(f) order that the health practitioner pay part or all of the costs and expenses of and incidental to any or all of the following:*

*(i) ...*

*(ii) any inquiry made by a professional conduct committee in relation to the subject matter of the charge:*

*(iii) the prosecution of the charge by ... a professional conduct committee, ...:*

*(iv) the hearing by the Tribunal".*

- [47] There are two statements of principle relevant from decisions in the High Court. The first of these is *Cooray v Preliminary Proceedings Committee*<sup>11</sup>:

*"It would appear from the cases before the Court that the Council [the MCNZ that then had jurisdiction in the matter] in other decisions made by it has in a general way taken 50% of total reasonable costs as a guide to a reasonable order for costs and has in individual cases where it has considered it is justified gone beyond that figure. In other cases where it has considered that such an order is not justified because of the circumstances of the case, and counsel has referred me to at least two cases where the practitioner pleaded guilty and lesser orders were made, the Council has made a downwards adjustment".*

- [48] The second case is *Vatsyayann v Professional Conduct Committee of the New Zealand Medical Council*<sup>12</sup>. There it was said<sup>13</sup>:

<sup>11</sup> Wellington HC: AP 23/94; 14/9/95; Doogue J;

<sup>12</sup> [2012] NZHC 1138

<sup>13</sup> Paragraph 34

*“So far as costs orders were concerned, the Tribunal correctly addressed a number of authorities and principles. These included that professional groups should not be expected to bear all the costs of a disciplinary regime and that members of the profession who appeared on disciplinary charges should make a proper contribution towards the costs of the inquiry and a hearing; that costs are not punitive; that the practitioner’s means, if known, are to be considered; that a practitioner has a right to defend himself and should not be deterred by the risk of a costs order; and that in a general way 50% of reasonable costs is a guide to an appropriate costs order subject to a discretion to adjust upwards or downwards...”*

[49] Despite the fact that the PCC and the practitioner both submitted that costs should lie where they fell, the Tribunal is of the view that there should be some contribution to those costs ordered against Ms A. Otherwise the burden of the costs of this Charge having been brought will have to be borne by other members of the profession. It is a matter between the PCC and the lawyers it consulted and used in this matter as to the costs incurred by it in pursuing the Charge when it was not seeking a penalty but that is not for the Tribunal to comment on.

[50] The Charge having been brought, it has been found to be made out, a penalty has been ordered, and it is appropriate that there be some contribution to costs by Ms A which is fixed at \$1,000.00. Because the PCC is not seeking a contribution towards its costs, that payment can be made towards the cost of resourcing the Tribunal.

### **Name suppression**

[51] Ms A sought an order for non-publication of her name or identifying details. This was not opposed by the PCC. Ms A relied primarily on the fact that naming her would identify her family members whose personal affairs concerning the records in question are private and confidential to them. Although the detail of those records is not part of the Tribunal record, it is appropriate that their identity be protected. That is therefore a compelling reason for ordering non-publication of Ms A’s name.

[52] Reference was also made to Ms A’s elderly parents for whom she cares and the consequences on her and the effect that publication would have on Ms A’s health. A report from a registered psychologist was produced which referred to

these matters. Further, a reference from Ms A's mother also produced has factors in it which encourage an order for non-publication of name.

[53] Section 95 of the HPCA Act includes:

***“95 Hearings to be public unless Tribunal otherwise orders***

*(1) Every hearing of the Tribunal must be held in public unless the Tribunal orders otherwise under this section or unless section 97 applies.*

*(2) If, after having regard to the interests of any person (including, without limitation, the privacy of any complainant) and to the public interest, the Tribunal is satisfied that it is desirable to do so, it may (on application by any of the parties or on its own initiative) make any 1 or more of the following orders:*

...  
...

*(d) an order prohibiting the publication of the name, or any particulars of the affairs, of any person.”*

[54] The presumption in section 95(1) of the Act that the Tribunal's hearings shall be in public is the primary principle and endorses the principle of open justice; but section 95(2) does give the Tribunal discretion to grant name suppression.

[55] The test is whether it is “*desirable*” to prohibit the publication of the name or any particulars of the affairs of the person in question and the Tribunal must consider both:

- a) The interest of any person and
- b) The public interest.

[56] There have been many public interest factors identified by other Tribunal decisions. These include:

- a) Openness and transparency of disciplinary proceedings.
- b) Accountability of the disciplinary process.
- c) Public interest in knowing the identity of a health practitioner charged with a disciplinary offence.
- d) Unfairly impugning other practitioners.

[57] The Tribunal has concluded that the privacy for her family members who would be identified by naming her and the personal factors for Ms A outweigh any public interest in knowing her identity in the context of this misconduct. The facts of the misconduct will speak for themselves so far as deterrence is

concerned and there is no need for the public to know the identity of the practitioner. That application is granted.

[58] Also ordered is the non-publication of the names and identifying details of the various individuals against whom the practitioner has offended and of the District Health Board in question.

**Result and orders**

[59] The Charge is found to be made out as misconduct in both its particulars.

[60] Ms A is ordered censured.

[61] Ms A is ordered to pay the sum of \$1,000.00 towards the cost of resourcing the Tribunal for hearing this matter.

[62] An order for permanent non-publication of the names and identifying details is made of:

- a) Ms A herself.
- b) Ms A's family members and other individuals as named in the Charge.
- c) The District Health Board in question [DHB].

[63] Pursuant to section 157 of the HPCA Act the Tribunal directs the Executive Officer:

- a) To publish this decision, and a summary, on the Tribunal's website;
- b) To request the PCNZ to publish either a summary of, or a reference to, the Tribunal's decision in its next available publication to members, in either case including a reference to the Tribunal's website so as to enable interested parties to access the decision.

**DATED** at Auckland this 19<sup>th</sup> day of May 2020



.....  
David M Carden  
Chairperson  
Health Practitioners Disciplinary Tribunal

**SCHEDULE****CHARGE**

Pursuant to 81(2) of the Act the Committee charges that, in her capacity as a registered pharmacist and while working at [ ], Ms A of [ ] failed to meet her professional obligations and conducted herself in an unprofessional manner in the following ways:

- 1 At various times between 6 May 2016 and 14 July 2017 and as specified in the attached appendix, Ms A accessed and viewed the medical records of three patients who were outside of her patient-care duties, on at least 13 occasions. Ms A knew, or ought to have known, that the access referred to in particulars 1(a) to (c) was inappropriate and/or she had no authority to do so and/or was in breach of their privacy, and/or was otherwise inappropriate more particularly as follows:

*Particulars:*

- a Between 23 March 2017 and 14 July 2017, Ms A accessed the records of Ms Z without authority on eight separate occasions;
  - b On 23 June 2017 and 14 July 2017, Ms A accessed the records of her ex-husband, Mr A, without authority;
  - c On 6 May 2016 and 7 October 2016, Ms A accessed the records of her daughter, Ms I, without authority;
- 2 At various times between 6 May 2016 and 14 July 2017 and as specified in the attached appendix, Ms A used the log-on access of her colleagues to access the records of patients outside her patient-care duties. Ms A knew, or ought to have known, that the access referred to in particulars 2(a) to (c) was inappropriate and/or she had no authority to do so and/or was in breach of their trust, and/or was otherwise inappropriate more particularly as follows:



*Particulars:*

- a On 22 May 2017, 23 June 2017 and 14 July 2017, Ms A accessed the records of Ms Z using the log-on access of her colleagues;
- b On 23 June 201 and 14 July 2017, Ms A accessed the records of Mr A using the log-on access of her colleagues;
- c On 6 May 2016 and 7 October 2016, Ms A accessed the records of her daughter Ms I using the log-on access of her colleagues;

The conduct alleged is in breach principles 2.7, 4.8, 4.9 and 6.2 of the Pharmacy Council Code of Ethics 2011 and rules 10 and 11 of the Health Information Privacy Code 1994.

The conduct alleged either separately and/or cumulatively amounts to professional misconduct under section 100(1)(a) and/or section 100(1)(b) of the Act.