



**NEW ZEALAND HEALTH  
PRACTITIONERS  
DISCIPLINARY TRIBUNAL**

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**BEFORE THE HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL**

**HPDT NO** 1503/Nur25/636P

**UNDER** the Health Practitioners Competence Assurance Act 2003  
("the 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 NURSING COUNCIL OF NEW ZEALAND**

**Applicant**

**AND** **[Ms R] of [Location], registered nurse**

**Practitioner**

**HEARING via Audiovisual Link on 06 August 2025**

**TRIBUNAL** Ms S Hughes KC (Chair)  
Mr J Sebestian, Ms J Molesworth, Ms S Fereti, Ms A Reid  
(Members)  
Ms K Lal (Executive Officer)

**APPEARANCES** Mr M McClelland KC and Ms C Taylor for the Professional Conduct  
Committee  
Practitioner is unrepresented

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**TRIBUNAL DECISION DATED 2 OCTOBER 2025**

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## **Introduction**

[1] In a Notice of Charge dated 18 March 2025, a Professional Conduct Committee (**PCC**) appointed by the Nursing Council of New Zealand (**the Nursing Council**) laid three disciplinary charges against the practitioner, [Ms R] under sections 81(2) and 91 of the Health Practitioners Competence Assurance Act 2003 (**the Act**).

[2] The charges relate to the practitioner inappropriately accessing and/or viewing electronic records of patients not under her care.

[3] A panel of the Tribunal was convened on 6 August 2025 to hear the charge. The practitioner did not attend the hearing of this matter, but admitted at interview and in a document she filed entitled Final Statement, that she had accessed the records as identified in the charges.

## **The Charges**

[4] The charges are set out in full in **Appendix A** of this decision. There are three charges, the first of which claims, that the practitioner without valid justification accessed the records of 181 individuals aged 65 and over; charge two similarly claims, that the practitioner without valid justification accessed the records of 57 individuals; and the third charge complains that the practitioner illegitimately accessed records of staff members, there being 44 particulars to that charge.

[5] The PCC charges that the conduct alleged in charges one to three amounts to professional misconduct in that, either separately or cumulatively, such conduct amounts to malpractice in relation to the practitioner's scope of practice pursuant to section 100(1)(a) of the Act; and/or has brought or is likely to bring discredit to the nursing profession, pursuant to section 100(1)(b) of the Act.

## **Evidence**

[6] The practitioner chose not to attend the hearing due to work commitments, to which end the matter proceeded by way of formal proof. All documents provided by the practitioner were considered as part of the case.

[7] The practitioner was the Clinical Nurse Manager at an Aged Care Facility in the North Island **(the Facility)** between 2018 and 29 March 2022. The Facility has a 66 bed care facility which provides dementia, rest home and hospital level care, as well as 120 independent living units. The practitioner's role included managing staff in the care facility, admissions, and oversight of care. She was also on-call outside of her normal working hours.

[8] The practitioner was employed at the Facility during the Covid-19 pandemic, when there was a significant shortage of nurses. The PCC accepted that this would have been a time of significant stress for the facility as a whole and the practitioner in particular.

[9] It is undisputed that at this time, that the shortage of nursing staff available was aggravated by the need of those working at the Facility to have a vaccine certificate with delays being experienced in receiving such certificates.

#### **[Health Board] Access to Concerto**

[10] In 2018, the [Health Board] had signed a Memorandum of Understanding (**MoU**) with a number of age care facilities to enable those facilities to access NHI records for their residents through a computer programme known as Concerto.

[11] The records accessible through Concerto included documents such as discharge summaries, lab results, history of illnesses and so on. The Facility was part of this trial, and the practitioner was a signatory to the MoU. As part of her role at the Facility, on 28 February 2019 following participation in the trial, the practitioner was granted access on the terms contained in a CareConnect Shared Care Access Deed (**the Deed**).

[12] The Deed set out the basis for which access was provided and this included:

- (a) The user will only access information (the user's own or anyone else's) for the purpose of providing treatment to patients under their clinical care.

- (b) Any information obtained must be kept confidential and only used for the purposes of providing treatment to patients under their care.
- (c) The user must not share their access code or password with anyone and is responsible for any access that occurs under their password and log on details.

[13] All users of this system received a document entitled “Concerto Access – Your Professional Responsibilities” such notes, that information for a booked admission with a confirmed admission date can be accessed as part of the normal admission process. Using access to Concerto to access the records of village residents required a valid reason and permission of the client/resident to ensure that the access was clearly documented. It also noted that authorised users should not access information before accepting residents for admission.

[14] Evidence was heard by the Tribunal from [Ms E], the Chief Executive of the Facility and [Ms H], the Operations Support Manager of the Facility. Further evidence was heard from those at [Health Board] who dealt with a complaint which was made by the Manager of the Facility, regarding the practitioner’s access to the medical records of staff and those not under the care of the practitioner.

[15] This complaint resulted in an audit of access undertaken by the practitioner and evidence was given by [Ms O] who was at that time the nurse consultant/manager for the [Employer Name], [Ms N] who was the Director Governance and Compliance for the [Health Board] and [Ms I] who was at that time working as the General Manager of [Health Board].

[16] Their evidence demonstrated that a full audit had been undertaken of the practitioner’s access to Concerto and while finding that the majority of the accesses were legitimate, nevertheless the audit uncovered a substantial number of instances where there was no discernible justifiable reason for access. These unauthorised accesses fall into three groups – those residents in the village but living independently: persons under the age of 65 and staff members.

[17] The final witness, [Ms S], was a member of the Facility's Board of Directors and a pharmacist, providing services to the Facility. She gave evidence of access to her records and the impact that such access had on her.

### **The practitioner**

[18] It is regrettable, that the practitioner did not attend the hearing. The hearing was conducted by AVL and the practitioner, was advised of her ability to attend. The practitioner admitted in her Final Statement:

“I firstly want to confirm that I did access information via Concerto outside the Memorandum of Understanding as submitted by Te Whatu Ora. I am sincerely sorry for any distress caused and I only ever took this action in order to help others.”

[19] As with all such matters, context is critical. By the practitioner failing to participate in the hearing, the Tribunal was denied an understanding of why she acted as she did, what pressures she may or may not have been under, and importantly, what steps if any, she has taken, to avoid a repetition of such events in the future. The practitioner's appearance would have given the Tribunal an opportunity to make an assessment regarding the sincerity of the remorse articulated.

[20] The evidence established, that the practitioner was using her access to search the records of those living independently at the Facility; the records of those not living at the Facility and various staff members. None of the above particulars relied upon by the PCC relate to someone for whom the practitioner was providing medical care. It was accepted by the PCC that the majority of the staff accesses arose in circumstances where staff members asked the practitioner to access their medical records for the purposes of obtaining confirmation of vaccine certificates and results of Covid testing. There were further instances of staff members asking the practitioner, to access their medical records to check scans, x-rays and the like.

[21] The practitioner in her explanations provided to the Tribunal, claimed that in some instances, she was checking the waiting list to ascertain whether those on the list were still requiring care and, that she had also checked her own medical records and those of her child. The

PCC agreed that the practitioner would have been under considerable pressure given the Covid lockdowns and the requirements for mandates. It is assumed, that the practitioner was also concerned for the health and safety of those legitimately in her care and therefore doing her best to promptly process staff so as to be able to return to their duties of caring for the residents.

[22] However, there are instances evident from the records that simply cannot be justified including those records of staff members who have undergone procedures or have health issues, such are quite frankly not the business of the practitioner. The term used by the PCC was to contend, that the practitioner was in some instances being “nosy”. The Tribunal agrees with that characterisation.

[23] Further the PCC did accept, that in some instances, the records accessed may have been false positives particularly if the search was conducted with a name rather than an NHI number.

## **The Law**

### *Burden of proof*

[24] The PCC carries the burden of proving a practitioner is guilty of the charges.

[25] In opening, the PCC relied upon the dicta of Simon France J in *A v A Professional Conduct Committee* [2018] NZHC 1623 at [13]:

“...since it is well established that a health professional has a professional responsibility to cooperate. This will almost inevitably be given effect to by the professional providing an explanation and giving evidence. Any evidential onus is thereby met. The task of the Tribunal is then to weigh all the evidence available in determining if the charge is made out.”

[26] The Tribunal reminds itself, that in professional disciplinary cases, the appropriate standard of proof is the civil standard that is, proof to the satisfaction of the Tribunal on the balance of probabilities rather than the criminal standard of proof.

[27] However, in *A* at [11], Simon France J observed that:

“As the seriousness of an allegation arises, so does the cogency of the evidence required to meet the static standard of balance of probability.”

*Professional misconduct*

[28] Professional misconduct is defined in section 100(1)(a) and (b) of the HPCAA.

[29] Such provides:

**“100. Grounds on which health practitioner may be disciplined**

- (1) The Tribunal may make any one or more of the orders authorised by section 101 if, after concluding a hearing on a charge laid under section 91 against a health practitioner, it makes one or more findings that –
  - (a) The practitioner has been guilty of professional misconduct because of any act or omission that, in the judgment of the Tribunal, amounts to malpractice or negligence in relation to the scope of practice in which of which the practitioner was registered at the time the conduct occurred; or
  - (b) The practitioner has been guilty of professional misconduct because of any act or omission that, in the judgment of the Tribunal, has brought or was likely to bring discredit to the profession that the health practitioner practised at the time that the conduct occurred...”

[30] It is settled law, helpfully summarised in the Tribunal’s decision of *PCC v Nutall* 8/Med04/03P at paragraph [71] that:

“71. The Tribunal is of the view that much of the jurisprudence concerning the meaning of professional misconduct under earlier legislative regimes continues to be relevant under the HPCA Act. In particular, the Tribunal believes that the test as to what constitutes professional misconduct continues to involve a two-step process:

71.1 The first step involves an objective analysis of whether or not the health practitioner's acts or omissions in relation to their practice can be reasonably regarded by the Tribunal as constituting: malpractice; or negligence; or otherwise meets the standard of having brought, or was likely to bring discredit to the practitioner's profession.

71.2 The second step of the process requires the Tribunal to be satisfied that the health practitioner's acts or omissions require a disciplinary sanction for the purposes of protecting the public and/or maintaining professional standards and/or punishing the health practitioner."

[31] Gendall J in *Collie v Nursing Council of New Zealand HC Wellington Registry*, [2001] NZAR 70 described the term "to bring discredit to the nursing profession" in the following way:

"To discredit is to bring harm to the repute or reputation of the profession. The standard must be an objective standard for the question to be asked by the Council being whether reasonable members of the public, informed and with knowledge of all the factual circumstances, could reasonably conclude that the reputation and good standing of the nursing profession was lowered by the behaviour of the nurse concerned."

[32] Various definitions of malpractice can be found but in essence, in this context, malpractice is found on the Tribunal finding that the practitioner's access of the records particularised in the charges, amounted to unethical conduct.

[33] It is accepted, that the dicta in *B v Medical Council of New Zealand* a decision of Elias CJ, Auckland HC 11/96 at page [19] represents the standard applicable:

"The structure of the disciplinary processes is set up by the Act, which rely in large part upon a judgment by a practitioner's peers, emphasises that the best guide to what is acceptable professional conduct is the standard applied by competent, ethical and responsible practitioners. But the inclusion of lay representatives in a

disciplinary process and the right of appeal to this Court indicates that usual professional practice, while significant, may not always be determinative: the reasonableness of the standards applied must ultimately be for the Court to determine, taking into account all the circumstances including not only usual practice but also patient interests and community expectations, including the expectation that professional standards are not permitted to lag. The disciplinary process in part is of setting standards.”

### **Liability**

[34] The Tribunal finds that the practitioner has been guilty of professional misconduct in circumstances where her acts amount to malpractice and such actions have brought or are likely to bring discredit to the profession of nursing.

[35] The Tribunal does not doubt, that in some instances, the practitioner was under pressure to adequately staff the Facility and used her access to assist staff in confirming their vaccination status. There was however quite simply, no justification for doing so. The MoU and Deed to which the practitioner was party, made perfectly clear, that access was only to be used to assist in treatment of patients within that practitioner’s care.

[36] While in part, the practitioner’s desire, to facilitate staff working after obtaining vaccinations, or after receiving a clear Covid test might be commendable, there is simply no justification at all for other access undertaken. The Tribunal finds that a competent and ethical practitioner would not have used their access as the practitioner has in these instances.

[37] Accordingly, the Tribunal finds that the three counts and all particulars are proven and therefore finds, that by accessing these documents, the practitioner was guilty of professional misconduct as her conduct in accessing these records amounts to malpractice and has brought or is likely to bring the profession into discredit (section 100(1)(a), (b) HPCAA 2003).

## Penalty

[38] The PCC submitted, that the only appropriate penalty is cancellation of registration. The Tribunal has considered that submission carefully and has taken guidance from, the direction given by Williams J in *Katamat v PCC* [2012] NZHC 1633, 21 December 2012:

“[49] In *Roberts v PCC*, Collins J identified the following 8 factors as being relevant whenever the Tribunal is determining an appropriate penalty. They are which penalty:

- (1) Most appropriately protects the public and deters others;
- (2) Facilitates the Tribunal’s “important” role in setting professional standards;
- (3) Punishes the practitioner;
- (4) Allows for the rehabilitation of the health practitioner;
- (5) Promotes consistency with penalties in similar cases;
- (6) Reflects the seriousness of the misconduct; and
- (7) Is the least restrictive penalty appropriate in the circumstances; and
- (8) Looked at overall is the penalty which is “fair, reasonable and proportionate” in the circumstances.”

[39] The PCC provided instances of similar offending where a nursing practitioner, had accessed records illegitimately. In other comparable cases before the Tribunal involving illegitimate access of records, periods of suspension of up to 18 months have been imposed.

[40] The PCC urged, the Tribunal to take the step of cancellation, because of the volume of illegitimate access, the practitioner’s management position and the extended period within which, such access occurred.

[41] The Tribunal is conscious, that the primary purpose of these charges is to assure the protection of the public and to deter others. The PCC further argued that nothing short of cancellation would meet the requirement of deterrence.

[42] However there appears to be support for the proposition, that the practitioner is indeed a competent nurse and if she were to engage in appropriate training to reassure the Nursing Council of her understanding of ethical boundaries, she could nevertheless be considered a valued member of an honoured profession.

[43] It is only by the finest margin, that the Tribunal has resolved not to accept the submission made by the PCC, that cancellation is appropriate but rather, the Tribunal imposes a period of suspension of three years.

[44] The Tribunal is of the view, that such an order will appropriately protect the public and deter others; fixes professional standards; punishes the practitioner; allows for her rehabilitation and is consistent with the penalties imposed in similar cases; properly reflects the seriousness of the misconduct and is the least restrictive penalty appropriate in the circumstances of the case.

[45] Additionally in accordance with s 101(1)(c), the practitioner shall prior to return to nursing successfully complete the Privacy Commissioner's Privacy 101 course or an alternate course approved by the Nursing Council and shall prior to return to nursing successfully complete a Nursing Council course of study relating to ethics in nursing, to be paid for by the practitioner. Engage with a Nursing Council of New Zealand approved professional supervisor for a period of one year following return to practice; and disclose the Tribunal decision to any future employer for a period of 12 months.

[46] Pursuant to s 157 of the Act the Tribunal directs the Executive Officer:

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

## **Costs**

[47] The Practitioner has provided evidence that her financial situation has become very difficult, going as she has from an income of \$100,000 to working as an itinerant cleaner cleaning holiday homes. She has successfully drawn down from her KiwiSaver satisfying the hardship test. She has no prospect of returning to nursing until she completes her term of suspension. Her financial difficulties are likely to continue. In the circumstances of this case and noting that the PCC abides, no order for costs is made.

## **Permanent name suppression**

[48] The PCC sought suppression of the names of all witnesses called for the prosecution, and those who were named in the Charging Notice as having their records improperly accessed by the Practitioner. A further application was made to suppress the name of the Facility on the basis that publication of its name would inevitably identify some of the witnesses for whom suppression had been sought.

[49] The Practitioner also sought permanent name suppression, in that regard the PCC accepted that publication of her name would identify the Facility and in effect supported the application made by the Practitioner.

[50] The Tribunal is mindful that all hearings are to be public unless that requirement can be properly displaced. In this case the Tribunal is satisfied that is desirable to permanently prohibit the publication of the names of the following:

- a) [Ms R]
- b) [Ms S]
- c) [Ms A]
- d) [Ms O]
- e) [Ms H]
- f) [Ms E]
- g) [Ms N]
- h) [Ms T]

- i) [Ms D]
- j) [Ms I]

[51] Further the names of those whose records were illegitimately searched and who are named in the Charging Notice are permanently suppressed as is the name of the Facility that the Practitioner was working in at the time of this offending.

[52] These orders are made in reliance on s 95 (2) (d) of the Act so as to protect the privacy of those named and the public interest.

**DATED** at New Plymouth this 2<sup>nd</sup> day of October 2025



Chair  
Susan Hughes KC  
Health Practitioners Disciplinary Tribunal

## Appendix A

### DISCIPLINARY CHARGE

**TAKE NOTICE** that a Professional Conduct Committee appointed by the Nursing Council of New Zealand pursuant to section 71 of the Health Practitioners Competence Assurance Act 2003 (“the Act”) has determined, in accordance with section 80(3)(b) of the Act, that the complaint about the conduct of [Ms R], referred to the Committee pursuant to section 68(1) of the Act, should be considered by the Health Practitioners Disciplinary Tribunal. The Professional Conduct Committee has reason to believe that grounds exist entitling the Tribunal to exercise its powers under section 100 of the Act.

#### Particulars of the Charge

1. Between approximately 13 January 2020 and 21 March 2022 [Ms R], without valid justification, accessed the records of 181 individuals aged 65 and over who were not in the aged care/hospital level care/dementia level care units of [The Facility] or not receiving this level of care in the two weeks following access to their records via the RCP portal. In particular:
  - 1.1. On 13 January 2020 at 1449 [Ms R] accessed the records of [Name Suppressed], who was not an Aged Resident Care (‘ARC’) resident or receiving hospital or dementia level care. [Name Suppressed] died on 26 June 2019 aged 76.
  - 1.2. On 15 January 2020 at 1221 [Ms R] accessed the records of [Name Suppressed], aged 90, who was a Village resident and was receiving Village support, but was not receiving hospital or dementia level care.
  - 1.3. On 15 January 2020 at 1305 [Ms R] accessed the records of [Name Suppressed], aged 87, who was not an ARC resident or receiving hospital or dementia level care.

- 1.4. On 15 January 2020 at 1323 [Ms R] accessed the records of [Name Suppressed], aged 81, who was not an ARC resident or receiving hospital or dementia level care.
- 1.5. On 16 January 2020 at 1205 [Ms R] accessed the records of [Name Suppressed], aged 75, who was not an ARC resident or receiving hospital or dementia level care.
- 1.6. On 5 February 2020 at 0958 [Ms R] accessed the records of [Name Suppressed], aged 74, who was not an ARC resident or receiving hospital or dementia level care.
- 1.7. On 5 February 2020 at 1239 [Ms R] accessed the records of [Name Suppressed], aged 87, who was not an ARC resident or receiving hospital or dementia level care.
- 1.8. On 5 February 2020 at 1305 [Ms R] accessed the records of [Name Suppressed], aged 68, who was a Village resident with village support but was not receiving hospital or dementia level care.
- 1.9. On 7 February 2020 at 1200 [Ms R] accessed the records of [Name Suppressed], aged 89, who was a Village resident with village support but was not receiving hospital or dementia level care.
- 1.10. On 7 February 2020 at 1555 [Ms R] accessed the records of [Name Suppressed], aged 92, who was a Village resident with village support but was not receiving hospital or dementia level care.
- 1.11. On 10 February 2020 at 1434 [Ms R] accessed the records of [Name Suppressed], aged 88, who was not an ARC resident or receiving hospital or dementia level care.
- 1.12. On 18 February 2020 at 1436 [Ms R] accessed the records of [Name Suppressed], aged 78, who was not an ARC resident or receiving hospital or dementia level care.
- 1.13. On 18 February 2020 at 1404 [Ms R] accessed the records of [Name Suppressed], aged 82, who was not an ARC resident or receiving hospital or dementia level care.

- 1.14. On 25 February 2020 at 1055 [Ms R] accessed the records of [Name Suppressed], aged 84, who was a Village resident and home support client but was not receiving hospital or dementia level care.
- 1.15. On 26 February 2020 at 0942 [Ms R] accessed the records of [Name Suppressed], aged 91, who was not an ARC resident or receiving hospital or dementia level care.
- 1.16. On 26 February 2020 at 1131 [Ms R] accessed the records of [Name Suppressed], aged 98, who was not an ARC resident or receiving hospital or dementia level care.
- 1.17. On 27 February 2020 at 1525 [Ms R] accessed the records of [Name Suppressed], aged 94, who was a Village resident with a Village support package but was not receiving hospital or dementia level care.
- 1.18. On 28 February 2020 at 1429 [Ms R] accessed the records of [Name Suppressed], aged 69, who was not an ARC resident or receiving hospital or dementia level care.
- 1.19. On 2 March 2020 at 0823 [Ms R] accessed the records of [Name Suppressed], aged 95, who was not an ARC resident or receiving hospital or dementia level care.
- 1.20. On 6 March 2020 at 1707 [Ms R] accessed the records of [Name Suppressed], aged 91, who was a Village resident but was not receiving hospital or dementia level care.
- 1.21. On 10 March 2020 at 1553 [Ms R] accessed the records of [Name Suppressed], aged 87, who was a Village resident but was not receiving hospital or dementia level care.
- 1.22. On 10 March 2020 at 1556 [Ms R] accessed the records of [Name Suppressed], aged 92, who was not an ARC resident or receiving hospital or dementia level care.
- 1.23. On 10 March 2020 at 1557 [Ms R] accessed the records of [Name Suppressed], aged 83, who was part of the Village day care program but was not receiving hospital or dementia level care.

- 1.24. On 10 March 2020 at 1558 [Ms R] accessed the records of [Name Suppressed], aged 93, who was not an ARC resident or receiving hospital or dementia level care.
- 1.25. On 10 March 2020 at 1604 [Ms R] accessed the records of [Name Suppressed], who was not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] died on 21 July 2012.
- 1.26. On 10 March 2020 at 1610 [Ms R] accessed the records of [Name Suppressed], aged 92, who received Village support services but was not receiving hospital or dementia level care.
- 1.27. On 10 March 2020 at 1611 [Ms R] accessed the records of [Name Suppressed], aged 95, who was not an ARC resident or receiving hospital or dementia level care.
- 1.28. On 10 March 2020 at 1611 [Ms R] accessed the records of [Name Suppressed], aged 89, who was not an ARC resident or receiving hospital or dementia level care.
- 1.29. On 18 March 2020 at 0839 [Ms R] accessed the records of [Name Suppressed], aged 90, who was not an ARC resident or receiving hospital or dementia level care.
- 1.30. On 18 March 2020 at 0840 [Ms R] accessed the records of [Name Suppressed], aged 94, who was not an ARC resident or receiving hospital or dementia level care.
- 1.31. On 18 March 2020 at 0841 [Ms R] accessed the records of [Name Suppressed], aged 88, who was a Village resident and village support client but was not receiving hospital or dementia level care.
- 1.32. On 18 March 2020 at 0843 [Ms R] accessed the records of [Name Suppressed], aged 91, who was not an ARC resident or receiving hospital or dementia level care.
- 1.33. On 18 March 2020 at 0843 [Ms R] accessed the records of [Name Suppressed]. Aged 79, who was not an ARC resident or receiving hospital or dementia level care.

- 1.34. On 18 March 2020 at 0844 [Ms R] accessed the records of [Name Suppressed], aged 91, who was not an ARC resident or receiving hospital or dementia level care.
- 1.35. On 18 March 2020 at 0901 [Ms R] accessed the records of [Name Suppressed], aged 74, who was not an ARC resident or receiving hospital or dementia level care.
- 1.36. On 25 March 2020 at 1651 [Ms R] accessed the records of [Name Suppressed], aged 88, who was a Village resident but was not receiving hospital or dementia level care.
- 1.37. On 30 March 2020 at 1100 [Ms R] accessed the records of [Name Suppressed], aged 91, who was not an ARC resident or receiving hospital or dementia level care.
- 1.38. On 10 April 2020 at 1050 [Ms R] accessed the records of [Name Suppressed], aged 66, who was not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] died on 11 April 2020 prior to admission to a facility for end-of-life cares.
- 1.39. On 20 April 2020 at 1414 [Ms R] accessed the records of [Name Suppressed], aged 71 who was not an ARC resident or receiving hospital or dementia level care.
- 1.40. On 23 April 2020 at 0830 [Ms R] accessed the records of [Name Suppressed], aged 86, who was a Village resident but was not receiving hospital or dementia level care.
- 1.41. On 30 April 2020 at 1034 [Ms R] accessed the records of [Name Suppressed], aged 84, who was a Village resident but was not receiving hospital or dementia level care.
- 1.42. On 14 May 2020 at 1048 [Ms R] accessed the records of [Name Suppressed], aged 82, who was not an ARC resident or receiving hospital or dementia level care.
- 1.43. On 15 May 2020 at 0805 [Ms R] accessed the records of [Name Suppressed], aged 68, and accessed [Name Suppressed]'s documents on 7 dates between 2020 and 2022. [Name Suppressed] was not an ARC resident or receiving hospital or dementia level care.

- 1.44. On 21 May 2020 at 1609 [Ms R] accessed the records of [Name Suppressed], aged 87, who was not an ARC resident or receiving hospital or dementia level care.
- 1.45. On 22 May 2020 at 1408 [Ms R] accessed the records of [Name Suppressed], aged 74, who was not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] died on 29 January 2000.
- 1.46. On 26 May 2020 at 1331 [Ms R] accessed the records of [Name Suppressed], aged 80, who was a Village resident but was not receiving hospital or dementia level care.
- 1.47. On 28 May 2020 at 1403 [Ms R] accessed the records of [Name Suppressed], aged 72, who was a Village resident but was not receiving hospital or dementia level care.
- 1.48. On 9 June 2020 at 1254 [Ms R] accessed the records of [Name Suppressed], aged 89, who was not an ARC resident or receiving hospital or dementia level care.
- 1.49. On 10 June 2020 at 1157 [Ms R] accessed the records of [Name Suppressed], aged 80, who was not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] died on 17 May 2020.
- 1.50. On 17 June 2020 at 1309 [Ms R] accessed the records of [Name Suppressed], aged 83, who was a Village resident but was not receiving hospital or dementia level care.
- 1.51. On 10 July 2020 at 1630 [Ms R] accessed the records of [Name Suppressed], aged 75, who was not an ARC resident or receiving hospital or dementia level care.
- 1.52. On 10 July 2020 at 1632 [Ms R] accessed the records of [Name Suppressed], aged 84, who was not an ARC resident or receiving hospital or dementia level care.
- 1.53. On 21 July 2020 at 1134 [Ms R] accessed the records of [Name Suppressed], aged 87, who was not an ARC resident or receiving hospital or dementia level care.

- 1.54. On 21 July 2020 at 1144 [Ms R] accessed the records of [Name Suppressed], aged 87, who was not an ARC resident or receiving hospital or dementia level care.
- 1.55. On 23 July 2020 at 0845 [Ms R] accessed the records of [Name Suppressed], aged 65, who was not an ARC resident or receiving hospital or dementia level care.
- 1.56. On 30 July 2020 at 0805 [Ms R] accessed the records of [Name Suppressed], aged 87, who was a Village resident with home supports but was not receiving hospital or dementia level care.
- 1.57. On 31 July 2020 at 0923 [Ms R] accessed the records of [Name Suppressed], aged 85, who was a village resident but was not receiving hospital or dementia level care.
- 1.58. On 7 August 2020 at 0938 [Ms R] accessed the records of [Name Suppressed], aged 81, who was not an ARC resident or receiving hospital or dementia level care.
- 1.59. On 7 August 2020 at 1008 [Ms R] accessed the records of [Name Suppressed], aged 93, who was not an ARC resident or receiving hospital or dementia level care, but used the meals on wheel service.
- 1.60. On 7 August 2020 at 1125 [Ms R] accessed the records of [Name Suppressed], aged 81, who was not an ARC resident or receiving hospital or dementia level care.
- 1.61. On 7 August 2020 at 1127 [Ms R] accessed the records of [Name Suppressed], aged 84, who was a village resident, and received Village support but was not receiving hospital or dementia level care.
- 1.62. On 10 August 2020 at 1435 [Ms R] accessed the records of [Name Suppressed], aged 79, who was not an ARC resident or receiving hospital or dementia level care.
- 1.63. On 26 August 2020 at 1505 [Ms R] accessed the records of [Name Suppressed], aged 8, who was not an ARC resident or receiving hospital or dementia level care.

- 1.64. On 27 August 2020 at 1134 [Ms R] accessed the records of [Name Suppressed], who was not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] died on 9 December 2011.
- 1.65. On 27 August 2020 at 1440 [Ms R] accessed the records of [Name Suppressed], aged 86, who was not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] died on 6 January 1987.
- 1.66. On 28 August 2020 at 1022 [Ms R] accessed the records of [Name Suppressed], aged 70, who was not an ARC resident or receiving hospital or dementia level care.
- 1.67. On 28 August 2020 at 1118 [Ms R] accessed the records of [Name Suppressed], who was not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] died on 28 December 2018, aged 96.
- 1.68. On 7 September 2020 at 0943 [Ms R] accessed the records of [Name Suppressed], aged 91. [Name Suppressed] was a Village resident, his name was on a waitlist for a bed at [The Facility], but he was not receiving hospital or dementia level care.
- 1.69. On 7 September 2020 at 1101 [Ms R] accessed the records of [Name Suppressed], aged 78, who was a Village resident and received home support but was not receiving hospital or dementia level care.
- 1.70. On 8 September 2020 at 1121 [Ms R] accessed the records of [Name Suppressed], aged 75, who was not an ARC resident or receiving hospital or dementia level care.
- 1.71. On 17 September 2020 at 1625 [Ms R] accessed the records of [Name Suppressed], aged 77, who as not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] was on the day program and respite care waitlist.

- 1.72. On 18 September 2020 at 1113 [Ms R] accessed the records of [Name Suppressed], aged 72, who was not an ARC resident or receiving hospital or dementia level care.
- 1.73. On 18 September 2020 at 1233 [Ms R] accessed the records of [Name Suppressed], aged 91, who was a Village resident but was not receiving hospital or dementia level care.
- 1.74. On 25 September 2020 at 1025 [Ms R] accessed the records of [Name Suppressed], aged 89. [Name Suppressed] was a Village resident and village support client but was not receiving hospital or dementia level care.
- 1.75. On 19 October 2020 at 1557 [Ms R] accessed the records of [Name Suppressed], aged 80, who was not an ARC resident or receiving hospital or dementia level care.
- 1.76. On 19 October 2020 at 1600 [Ms R] accessed the records [Name Suppressed], aged 80, who was a Village resident but was not receiving hospital or dementia level care.
- 1.77. On 20 October 2020 at 0856 [Ms R] accessed the records of [Name Suppressed], aged 92, who was not an ARC resident or receiving hospital or dementia level care.
- 1.78. On 3 November 2020 at 1054 [Ms R] accessed the records of [Name Suppressed], aged 72, who was not an ARC resident or receiving hospital or dementia level care.
- 1.79. On 17 November 2020 at 1248 [Ms R] accessed the records of [Name Suppressed], aged 90. [Name Suppressed] attended the Village day program in 2011, it is unclear for how long. [Name Suppressed] was not an ARC resident or receiving hospital or dementia level care.
- 1.80. On 17 November 2020 at 1252 [Ms R] accessed the records of [Name Suppressed], aged 72, who was not an ARC resident or receiving hospital or dementia level care.

- 1.81. On 17 November 2020 at 1255 [Ms R] accessed the records of [Name Suppressed], aged 81, who attended the Village community activity program but was not an ARC resident or receiving hospital or dementia level care.
- 1.82. On 17 November 2020 at 1309 [Ms R] accessed the records of [Name Suppressed], aged 76, who was not an ARC resident or receiving hospital or dementia level care.
- 1.83. On 17 November 2020 at 1341 [Ms R] accessed the records of [Name Suppressed] who was not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] died on 22 January 2018 aged 84.
- 1.84. On 17 November 2020 at 1343 [Ms R] accessed the records of [Name Suppressed] who was not an ARC resident or receiving hospital or dementia level care.
- 1.85. On 17 November 2020 at 1359 [Ms R] accessed the records of [Name Suppressed], aged 87, who was not an ARC resident or receiving hospital or dementia level care.
- 1.86. On 17 November 2020 at 1616 [Ms R] accessed the records of [Name Suppressed], aged 74, who was not an ARC resident or receiving hospital or dementia level care.
- 1.87. On 19 November 2020 at 1621 [Ms R] accessed the records of [Name Suppressed], aged 75, who was not an ARC resident or receiving hospital or dementia level care.
- 1.88. On 26 November 2020 at 1011 [Ms R] accessed the records of [Name Suppressed], aged 88, who was a Village resident but was not receiving hospital or dementia level care.
- 1.89. On 27 November 2020 at 1559 [Ms R] accessed the records of [Name Suppressed], aged 95, who was not an ARC resident or receiving hospital or dementia level care.
- 1.90. On 8 December 2020 at 1019 [Ms R] accessed the records of [Name Suppressed], aged 81, who was a Village resident but was not receiving hospital or dementia level care.

- 1.91. On 14 December 2020 at 1325 [Ms R] accessed the records of Name Suppressed], aged 75, who was not an ARC resident or receiving hospital or dementia level care.
- 1.92. On 14 December 2020 at 1326 [Ms R] accessed the records of [Name Suppressed], who was not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] died on 5 July 2020 aged 94.
- 1.93. On 14 December 2020 at 1329 [Ms R] accessed the records of [Name Suppressed], aged 71, who was not an ARC resident or receiving hospital or dementia level care.
- 1.94. On 14 December 2020 at 1332 [Ms R] accessed the records of [Name Suppressed], aged 75, who was not an ARC resident or receiving hospital or dementia level care.
- 1.95. On 5 January 2021 at 1028 [Ms R] accessed the records of [Name Suppressed], aged 83, who was not an ARC resident or receiving hospital or dementia level care.
- 1.96. On 5 January 2021 at 1029 [Ms R] accessed the records of [Name Suppressed], aged 86, who was a Village resident and Village support client but was not receiving hospital or dementia level care.
- 1.97. On 5 January 2021 at 1045 [Ms R] accessed the records of [Name Suppressed], aged 92, who was not an ARC resident or receiving hospital or dementia level care.
- 1.98. On 7 January 2021 at 1409 [Ms R] accessed the records of [Name Suppressed], aged 73, who was not an ARC resident or receiving hospital or dementia level care.
- 1.99. On 21 January 2021 at 1311 [Ms R] accessed the records of [Name Suppressed], aged 73, who was not an ARC resident or receiving hospital or dementia level care.
- 1.100. On 21 January 2021 at 1401 [Ms R] accessed the records of [Name Suppressed], who was not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] died on 24 November 2024 aged 86.

- 1.101. On 22 January 2021 at 1558 [Ms R] accessed the records of [Name Suppressed], aged 89, who was not an ARC resident or receiving hospital or dementia level care.
- 1.102. On 22 January 2021 at 1615 [Ms R] accessed the records of [Name Suppressed], aged 88, who was not an ARC resident or receiving hospital or dementia level care.
- 1.103. On 22 January 2021 at 1616 [Ms R] accessed the records of [Name Suppressed], aged 92, who was not an ARC resident or receiving hospital or dementia level care.
- 1.104. On 26 January 2021 at 1512 [Ms R] accessed the records of [Name Suppressed], aged 86, who was not an ARC resident or receiving hospital or dementia level care.
- 1.105. On 26 January 2021 at 1512 [Ms R] accessed the records of [Name Suppressed], aged 82, who was not an ARC resident or receiving hospital or dementia level care.
- 1.106. On 26 January 2021 at 1536 [Ms R] accessed the records of [Name Suppressed], aged 67, who was not an ARC resident or receiving hospital or dementia level care.
- 1.107. On 26 January 2021 at 1553 [Ms R] accessed the records of [Name Suppressed], aged 67, who was not an ARC resident or receiving hospital or dementia level care.
- 1.108. On 26 January 2021 at 1556 [Ms R] accessed the records of [Name Suppressed], aged 93, who was a Village day care, and carer support client but was not receiving hospital or dementia level care.
- 1.109. On 26 January 2021 at 1559 [Ms R] accessed the records of [Name Suppressed], aged 90, who was not an ARC resident or receiving hospital or dementia level care.
- 1.110. On 26 January 2021 at 1606 [Ms R] accessed the records of [Name Suppressed], aged 71, who was not an ARC resident or receiving hospital or dementia level care.

- 1.111. On 11 February 2021 at 1709 [Ms R] accessed the records of [Name Suppressed], aged 80, who was not an ARC resident or receiving hospital or dementia level care.
- 1.112. On 12 February 2021 at 1029 [Ms R] accessed the records of [Name Suppressed], aged 73, who was not an ARC resident or receiving hospital or dementia level care.
- 1.113. On 17 February 2021 at 1118 [Ms R] accessed the records of [Name Suppressed], aged 92, who was not an ARC resident or receiving hospital or dementia level care.
- 1.114. On 4 March 2021 at 1355 [Ms R] accessed the records of [Name Suppressed], aged 95, who was not an ARC resident or receiving hospital or dementia level care.
- 1.115. On 12 March 2021 at 1418 [Ms R] accessed the records of [Name Suppressed], aged 86, who was not an ARC resident or receiving hospital or dementia level care.
- 1.116. On 16 March 2021 at 1132 [Ms R] accessed the records of [Name Suppressed], aged 90, who was not an ARC resident or receiving hospital or dementia level care.
- 1.117. On 16 March 2021 at 1133 [Ms R] accessed the records of [Name Suppressed], aged 72, who was not an ARC resident or receiving hospital or dementia level care.
- 1.118. On 26 March 2021 at 0931 [Ms R] accessed the records of [Name Suppressed], aged 76, who was not an ARC resident or receiving hospital or dementia level care.
- 1.119. On 26 March 2021 at 0940 [Ms R] accessed the records of [Name Suppressed], aged 75, who was not an ARC resident or receiving hospital or dementia level care.
- 1.120. On 9 April 2021 at 1107 [Ms R] accessed the records of [Name Suppressed], aged 87, who was not an ARC resident or receiving hospital or dementia level care.
- 1.121. On 13 April 2021 at 1507 [Ms R] accessed the records of [Name Suppressed], aged 87, who was not an ARC resident or receiving hospital or dementia level care.

- 1.122. On 28 April 2021 at 1554 [Ms R] accessed the records of [Name Suppressed], aged 75, who was not an ARC resident or receiving hospital or dementia level care.
- 1.123. On 6 May 2021 at 1102 [Ms R] accessed the records of [Name Suppressed], aged 77, who was not an ARC resident or receiving hospital or dementia level care.
- 1.124. On 13 May 2021 at 1248 [Ms R] accessed the records of [Name Suppressed], aged 78, who was not an ARC resident or receiving hospital or dementia level care.
- 1.125. On 14 May 2021 at 0942 [Ms R] accessed the records of [Name Suppressed], aged 67, who was not an ARC resident or receiving hospital or dementia level care.
- 1.126. On 14 May 2021 at 1422 [Ms R] accessed the records of [Name Suppressed], aged 95, who was not an ARC resident or receiving hospital or dementia level care.
- 1.127. On 4 June 2021 at 1439 [Ms R] accessed the records of [Name Suppressed], who was not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] died on 4 October 2019 aged 78.
- 1.128. On 14 June 2021 at 1148 [Ms R] accessed the records of [Name Suppressed], who was not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] died on 30 May 2014, aged 70.
- 1.129. On 14 June 2021 a 1646 [Ms R] accessed the records of [Name Suppressed], aged 65, who was not an ARC resident or receiving hospital or dementia level care.
- 1.130. On 14 June 2021 at 1649 [Ms R] accessed the records of [Name Suppressed], aged 87, who was not an ARC resident or receiving hospital or dementia level care.
- 1.131. On 14 June 2021 at 1654 [Ms R] accessed the records of [Name Suppressed], aged 67, who was not an ARC resident or receiving hospital or dementia level care.

- 1.132. On 14 June 2021 at 1656 [Ms R] accessed the records of [Name Suppressed], aged 95, who was not an ARC resident or receiving hospital or dementia level care.
- 1.133. On 22 June 2021 at 0940 [Ms R] accessed the records of [Name Suppressed] , aged 81, who was not an ARC resident or receiving hospital or dementia level care.
- 1.134. On 6 July 2021 at 1003 [Ms R] accessed the records of [Name Suppressed], aged 84, who was not an ARC resident or receiving hospital or dementia level care.
- 1.135. On 9 July 2021 at 0924 [Ms R] accessed the records of [Name Suppressed], aged 88, who was a Village resident but was not receiving hospital or dementia level care.
- 1.136. On 9 July 2021 at 1309 [Ms R] accessed the records of [Name Suppressed], aged 76, who was not an ARC resident or receiving hospital or dementia level care.
- 1.137. On 12 July 2021 at 1137 [Ms R] accessed the records of [Name Suppressed], aged 83, who was not an ARC resident or receiving hospital or dementia level care.
- 1.138. On 16 July 2021 at 1241 [Ms R] accessed the records [Name Suppressed], aged 68, who was not an ARC resident or receiving hospital or dementia level care.
- 1.139. On 16 July 2021 at 1241 [Ms R] accessed the records of [Name Suppressed], aged 73, who was not an ARC resident or receiving hospital or dementia level care.
- 1.140. On 16 July 2021 at 1242 [Ms R] accessed the records of [Name Suppressed], aged 66, who was not an ARC resident or receiving hospital or dementia level care.
- 1.141. On 16 July 2021 at 1243 [Ms R] accessed the records of [Name Suppressed], aged 65, who was not an ARC resident or receiving hospital or dementia level care.
- 1.142. On 16 July 2021 at 1243 [Ms R] accessed the records of [Name Suppressed], aged 72, who was not an ARC resident or receiving hospital or dementia level care.

- 1.143. On 16 July 2021 at 1632 [Ms R] accessed the records of [Name Suppressed], aged 87, who was not an ARC resident or receiving hospital or dementia level care.
- 1.144. On 22 July 2021 at 1647 [Ms R] accessed the records of [Name Suppressed], aged 87, who was not an ARC resident or receiving hospital or dementia level care.
- 1.145. On 22 July 2021 at 1648 [Ms R] accessed the records of [Name Suppressed], aged 66, who was not an ARC resident or receiving hospital or dementia level care.
- 1.146. On 23 July 2021 at 0945 [Ms R] accessed the records of [Name Suppressed], aged 82. [Name Suppressed] was referred for a placement that day but does not appear to have been placed into ARC, nor was she receiving hospital or dementia level care.
- 1.147. On 23 July 2021 at 0947 [Ms R] accessed the records of [Name Suppressed], aged 77, who was not an ARC resident or receiving hospital or dementia level care.
- 1.148. On 23 July 2021 at 0949 [Ms R] accessed the records of [Name Suppressed], aged 75, who was not an ARC resident or receiving hospital or dementia level care.
- 1.149. On 23 July 2021 at 0950 [Ms R] accessed the records of [Name Suppressed], aged 84, who was not an ARC resident or receiving hospital or dementia level care.
- 1.150. On 29 July 2021 at 1600 [Ms R] accessed the records of [Name Suppressed], aged 83, who was not an ARC resident or receiving hospital or dementia level care.
- 1.151. On 30 July 2021 at 1556 [Ms R] accessed the records of [Name Suppressed], aged 75, who was not an ARC resident or receiving hospital or dementia level care.
- 1.152. On 3 August 2021 at 1130 [Ms R] accessed the records of [Name Suppressed], aged 84, who was not an ARC resident or receiving hospital or dementia level care.
- 1.153. On 17 August 2021 at 1319 [Ms R] accessed the records of [Name Suppressed], aged 98, who was not an ARC resident or receiving hospital or dementia level care.

- 1.154. On 18 August 2021 at 1029 [Ms R] accessed the records of [Name Suppressed], aged 85, who was not an ARC resident or receiving hospital or dementia level care.
- 1.155. On 18 August 2021 at 1031 [Ms R] accessed the records of [Name Suppressed], aged 82, who was a Village resident and receiving village support services but was not receiving hospital or dementia level care.
- 1.156. On 24 August 2021 at 1539 [Ms R] accessed the records of [Name Suppressed], aged 99, who was not an ARC resident or receiving hospital or dementia level care.
- 1.157. On 30 August 2021 at 1239 [Ms R] accessed the records of [Name Suppressed], aged 81, who was a Village resident but was not receiving hospital or dementia level care.
- 1.158. On 30 August 2021 at 1239 [Ms R] accessed the records of [Name Suppressed], aged 65, who was not an ARC resident or receiving hospital or dementia level care.
- 1.159. On 30 August 2021 at 1537 [Ms R] accessed the records of [Name Suppressed], aged 83, who was not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] was on a wait list for respite.
- 1.160. On 1 September 2021 at 0922 [Ms R] accessed the records of [Name Suppressed], aged 77, who was not an ARC resident or receiving hospital or dementia level care.
- 1.161. On 1 September 2021 at 0923 [Ms R] accessed the records of [Name Suppressed], aged 70, who was not an ARC resident or receiving hospital or dementia level care.
- 1.162. On 1 September 2021 at 0938 [Ms R] accessed the records of [Name Suppressed], aged 71, who was not an ARC resident or receiving hospital or dementia level care.
- 1.163. On 2 September 2021 at 0855 [Ms R] r accessed the records of [Name Suppressed], aged 82, who was not an ARC resident or receiving hospital or dementia level care.

- 1.164. On 13 September 2021 at 0844 [Ms R] accessed the records of [Name Suppressed], aged 88, who was not an ARC resident or receiving hospital or dementia level care.
- 1.165. On 21 September 2021 at 1109 [Ms R] accessed the records of [Name Suppressed], aged 81, who was not an ARC resident or receiving hospital or dementia level care.
- 1.166. On 21 September 2021 at 1109 [Ms R] accessed the records of [Name Suppressed], aged 86, who was not an ARC resident or receiving hospital or dementia level care.
- 1.167. On 5 October 2021 at 1117 [Ms R] accessed the records of [Name Suppressed], aged 80, who was not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] was on a waitlist for respite care.
- 1.168. On 8 October 2021 at 1030 [Ms R] accessed the records of [Name Suppressed] , aged 95, who was not an ARC resident or receiving hospital or dementia level care.
- 1.169. On 8 October 2021 at 1400 [Ms R] accessed the records of [Name Suppressed], aged 96, who was not an ARC resident or receiving hospital or dementia level care.
- 1.170. On 11 October 2021 at 1559 [Ms R] accessed the records of June [Name Suppressed], aged 93, who was a Village resident and received Village support services but was not receiving hospital or dementia level care.
- 1.171. On 27 October 2021 at 1102 [Ms R] accessed the records of [Name Suppressed] , aged 84, who was not an ARC resident or receiving hospital or dementia level care.
- 1.172. On 27 October 2021 at 1103 [Ms R] accessed the records of [Name Suppressed], aged 90, who a Village resident and received village and carer support but was not receiving hospital or dementia level care.

- 1.173. On 2 November 2021 at 1506 [Ms R] accessed the records of [Name Suppressed], who was a Village resident and received village support but was not receiving hospital or dementia level care.
- 1.174. On 9 November 2021 at 1141 [Ms R] accessed the records of [Name Suppressed], aged 89, who was not an ARC resident or receiving hospital or dementia level care.
- 1.175. On 14 November 2021 at 1421 [Ms R] accessed the records of [Name Suppressed], aged 91, who was a Village resident but was not receiving hospital or dementia level care.
- 1.176. On 29 November 2021 at 1229 [Ms R] accessed the records of [Name Suppressed], aged 95, who was not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] was attending the Village day program.
- 1.177. On 2 December 2021 at 1605 [Ms R] accessed the records of [Name Suppressed], aged 87, who was not an ARC resident or receiving hospital or dementia level care.
- 1.178. On 9 December 2021 at 1231 [Ms R] accessed the records of [Name Suppressed], aged 91, who was not an ARC resident or receiving hospital or dementia level care. [Name Suppressed] had received respite care.
- 1.179. On 11 January 2022 at 0945 [Ms R] accessed the records of [Name Suppressed], aged 80, who was not an ARC resident or receiving hospital or dementia level care.
- 1.180. On 21 March 2022 at 1119 [Ms R] accessed the records of [Name Suppressed], aged 77, who was not an ARC resident or receiving hospital or dementia level care.
- 1.181. On 21 March 2022 at 1555 [Ms R] accessed the records of [Name Suppressed], aged 75, who was not an ARC resident or receiving hospital or dementia level care.

2. Between approximately 30 January 2020 and 18 March 2022 [Ms R], without valid justification, accessed the records of 101 individuals aged 0 to 65 years via the RCP portal. In particular:
  - 2.1. On 30 January 2020 at 1012 [Ms R] accessed the records of [Name Suppressed], aged 60, who was not a resident of an Aged Residential Care ('ARC') facility.
  - 2.2. On 7 February 2020 at 1350 [Ms R] accessed the records of [Name Suppressed], aged 47, who was not a resident of an ARC facility.
  - 2.3. On 10 March 2020 at 1548 [Ms R] accessed the records of [Name Suppressed], aged 50, who was not a resident of an ARC facility.
  - 2.4. On 18 March 2020 at 1329 [Ms R] accessed the records of [Name Suppressed], aged 60, who was not a resident of an ARC facility.
  - 2.5. On 10 May 2020 at 1503 [Ms R] accessed the records of [Name Suppressed], aged 54, who was not a resident of an ARC facility.
  - 2.6. On 15 May 2020 at 0805 [Ms R] accessed the records of [Name Suppressed], aged 68, who was not a resident of an ARC facility. [Ms R] accessed [Name Suppressed]'s health documents on 15 May 2020, 18 May 2020, 10 July 2020, 6 May 2021, 7 May 2021, 10 May 2021 and 28 February 2022.
  - 2.7. On 8 June 2020 at 0959 [Ms R] accessed the records of [Name Suppressed], aged 33, who was not an ARC resident.
  - 2.8. On 9 June 2020 at 1255 [Ms R] accessed the records of [Name Suppressed], aged 23, who was not an ARC resident.
  - 2.9. On 10 June 2020 at 1031 [Ms R] accessed her own records.

- 2.10. On 15 June 2020 at 0741 [Ms R] accessed the records of [Name Suppressed], aged 27, who was not an ARC resident.
- 2.11. On 18 August 2020 on multiple occasions over the course of the day. [Ms R] accessed the records of [Name Suppressed], aged 22, who was not an ARC resident. [Name Suppressed] had the same last name as a member of staff at [The Facility].
- 2.12. On 26 August 2020 at 1148 [Ms R] accessed the records of [Name Suppressed]. [Name Suppressed] died on 15 September 2017 aged 64.
- 2.13. On 8 September 2020 [Ms R] accessed the records of [Name Suppressed], aged 13, who was not an ARC resident.
- 2.14. On 10 September 2020 [Ms R] accessed the records of [Name Suppressed], aged 8. [Name Suppressed] is [Ms R]'s family member. She accessed their records on 18 occasions.
- 2.15. On 15 October 2020 at 1710 [Ms R] accessed the records of [Name Suppressed], aged 8, who was not an ARC resident. [Ms R] accessed [Name Suppressed] records on multiple occasions.
- 2.16. On 4 December 2020 at 1039 [Ms R] accessed the records of [Name Suppressed], aged 59, who was not an ARC resident. [Name Suppressed] died on 15 December 2020, aged 59.
- 2.17. On 14 December 2020 at 1325 [Ms R] accessed the records of [Name Suppressed]. who was not an ARC resident. [Name Suppressed] died on 26 October 1996 aged 36.
- 2.18. On 12 January 2021 at 1146 [Ms R] accessed the records of [Name Suppressed], who was not an ARC resident. [Name Suppressed] died on 11 August 1992.

- 2.19. On 13 January 2021 at 1333 [Ms R] accessed the records of [Name Suppressed], aged 49, who was not an ARC resident.
- 2.20. On 21 January 2021 at 1227 [Ms R] accessed the records of [Name Suppressed], aged 43, who was not an ARC resident.
- 2.21. On 22 January 2021 at 1636 [Ms R] accessed the records of [Name Suppressed] , aged 62, who was not an ARC resident.
- 2.22. On 25 January 2021 at 1327 [Ms R] accessed the records of [Name Suppressed], aged 60, who was not an ARC resident. [Ms R] also accessed [Name Suppressed]'s documents on this day, and 18 February and 30 March 2021.
- 2.23. On 4 February 2021 at 0957 [Ms R] accessed the records of [Name Suppressed], aged 38, who was not an ARC resident.
- 2.24. On 4 February 2021 at 1001 [Ms R] accessed the records of [Name Suppressed], aged 38, who was not an ARC resident. [Ms R] accessed [Name Suppressed]'s documents that day, and on 10 March 2022.
- 2.25. On 5 March 2021 at 1357 [Ms R] accessed the records of [Name Suppressed], aged 48, who was not an ARC resident. [Ms R]'s accessed [Name Suppressed]'s documents and viewed an ED encounter history.
- 2.26. On 29 March 2021 at 1436 [Ms R] accessed the records of [Name Suppressed], aged 57, who was not an ARC resident.
- 2.27. On 6 May 2021 at 1647 [Ms R] accessed the records of [Name Suppressed], aged 63, who was not an ARC resident.
- 2.28. On 14 May 2021 at 1425 [Ms R] accessed the records of [Name Suppressed], aged 62, who was not an ARC resident.

- 2.29. On 24 May 2021 at 1052 [Ms R] accessed the records of [Name Suppressed], aged 6, who was not an ARC resident.
- 2.30. On 14 June 2021 at 1131 [Ms R] accessed the records of [Name Suppressed], aged 44, who was not an ARC resident.
- 2.31. On 14 June 2021 at 1649 [Ms R] accessed the records of [Name Suppressed], aged 49, who was not an ARC resident.
- 2.32. On 23 June 2021 at 0907 [Ms R] accessed the records of [Name Suppressed], aged 52, who is not an ARC resident.
- 2.33. On 28 June 2021 at 1124 [Ms R] accessed the records of [Name Suppressed], aged 28, who is not an ARC resident. [Ms R] opened [Name Suppressed]'s surgical outpatient bookings/events.
- 2.34. On 8 July 2021 at 0955 [Ms R] accessed the records of [Name Suppressed], aged 63, who is not an ARC resident. Mr Hooper died on 13 July 2021.
- 2.35. On 16 July 2021 at 1241 [Ms R] accessed the records of [Name Suppressed], aged 51, who is not an ARC resident.
- 2.36. On 16 July 2021 at 1242 [Ms R] accessed the records of [Name Suppressed], aged 15, who is not an ARC resident.
- 2.37. On 16 July 2021 at 1243 [Ms R] accessed the records of [Name Suppressed], aged 62, who was not an ARC resident. [Name Suppressed] died on 22 August 2018.
- 2.38. On 16 July 2021 at 1243 [Ms R] accessed the records of [Name Suppressed], aged 33, who is not an ARC resident.

- 2.39. On 30 July 2021 at 1048 [Ms R] accessed the records of [Name Suppressed], aged 61, who is not an ARC resident.
- 2.40. On 30 July 2021 at 1557 [Ms R] accessed the records of [Name Suppressed], aged 55, who is not an ARC resident. [Ms R] accessed [Name Suppressed]'s document.
- 2.41. On 22 August 2021 at 1613 [Ms R] accessed the records of [Name Suppressed], aged 33, who is not an ARC resident.
- 2.42. On 22 August 2021 at 1614 [Ms R] accessed the records of [Name Suppressed], aged 33, who is not an ARC resident.
- 2.43. On 30 August 2021 at 1504 [Ms R] accessed the records of [Name Suppressed], who was not an ARC resident [Name Suppressed] died on 21 May 2016, aged 12.
- 2.44. On 31 August 2021 at 0852 [Ms R] accessed the records of [Name Suppressed], aged 60, who was not an ARC resident.
- 2.45. On 31 August 2021 at 1244 [Ms R] accessed the records of [Name Suppressed], aged 37, who was not an ARC resident.
- 2.46. On 31 August 2021 at 1508 [Ms R] accessed the records of [Name Suppressed]. [Name Suppressed] was born and died on 22 January 2020.
- 2.47. On 1 September 2021 at 0924 [Ms R] accessed the records of [Name Suppressed], aged 63, who was not an ARC resident.
- 2.48. On 1 September 2021 [Ms R] accessed the records of [Name Suppressed], aged 48, who was not an ARC resident.
- 2.49. On 10 September 2021 at 1154 [Ms R] accessed the records of [Name Suppressed], aged 61, who was not an ARC resident.

- 2.50. On 14 October 2021 at 1113 [Ms R] accessed the records of [Name Suppressed], aged 36 weeks, who was not an ARC resident.
- 2.51. On 18 October 2021 at 1226 [Ms R] accessed the records of [Name Suppressed], aged 35, who was not an ARC resident.
- 2.52. On 26 October 2021 [Ms R] accessed the records of [Name Suppressed], aged 26, who was not an ARC resident.
- 2.53. On 8 December 2021 at 1622 [Ms R] accessed the records of [Name Suppressed], aged 35, who was not an ARC resident.
- 2.54. On 14 December 2021 at 1536 [Ms R] accessed the records of [Name Suppressed], aged 39, who was not an ARC resident.
- 2.55. On 14 December 2021 at 1537 [Ms R] accessed the records of [Name Suppressed], aged 39, who was not an ARC resident.
- 2.56. On 2 March 2022 at 1649 [Ms R] accessed the records of [Name Suppressed], aged 25, who was not an ARC resident. [Ms R] accessed [Name Suppressed]'s documents on that day and accessed her records again the following day.
- 2.57. On 18 March 2022 at 1315 [Ms R] accessed the records of [Name Suppressed], aged 16, who was not an ARC resident.
3. Between approximately 6 April 2020 and 8 February 2022, without valid justification, [Ms R] accessed the records of 44 members of staff at [The Facility]. In particular:
  - 3.1. On 6 April 2020 at 1558 [Ms R] accessed the records of [Name Suppressed], aged 57, who was not a resident of an ARC facility. [Name Suppressed] was a member of staff at [The Facility].

- 3.2. On 6 April 2020 at 1607 [Ms R] accessed the records of [Name Suppressed], aged 58, who was not a resident of an ARC facility. There was a person with the same name on the staff list.
- 3.3. On 7 and 14 April and 13 May 2020, 14 June 2021 and 25 January 2022 [Ms R] accessed the records of [Name Suppressed], aged 49, who was not an ARC resident. [Ms R] accessed [Name Suppressed]'s records on 35 occasions including accessing documents. [Name Suppressed] was a member of staff at [The Facility].
- 3.4. On 29 July and 30 July 2020 [Ms R] accessed the records of [Name Suppressed], aged 41, who was not an ARC resident. [Ms R] accessed [Name Suppressed]'s health documents. [Name Suppressed] was a member of staff at [The Facility].
- 3.5. On 5 August 2020 at 1534 [Ms R] accessed the records of [Name Suppressed], aged 63, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.6. On 13 August 2020 at 1237 [Ms R] accessed the records of [Name Suppressed], aged 45, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.7. On 20 August 2020 at 0839 [Ms R] accessed the records of [Name Suppressed], aged 33, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.8. On 20 August at 0840 [Ms R] accessed the records of [Name Suppressed], aged 30, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.9. On 2 September 2020 at 0831 [Ms R] accessed the records of [Name Suppressed], aged 54, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].

- 3.10. On 16 November 2020 at 1604 [Ms R] accessed the records of [Name Suppressed], aged 59, who was not an ARC resident. [Ms R] opened multiple documents in [Name Suppressed]'s records over 16 to 18 November 2020 and accessed her records again on 19 November 2020. [Name Suppressed] was a member of staff at [The Facility].
- 3.11. On 17 November 2020 at 1531 [Ms R] accessed the records of [Name Suppressed], aged 54, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.12. On 19 November 2020 at 0920 [Ms R] accessed the records of [Name Suppressed], aged 59, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.13. On 21 January 2021 at 1227 [Ms R] accessed the records of [Name Suppressed], aged 49, who was not an ARC resident. [Ms R] accessed [Name Suppressed]'s documents. [Name Suppressed] was a member of staff at [The Facility].
- 3.14. On 27 April 2021 at 0953 [Ms R] accessed the records of [Ms S], aged 62, who was not an ARC resident. [Ms R] opened [Ms S'] documents and accessed her records again on 6 May 2021. [Ms S] is a pharmacist and provided pharmaceutical services for [The Facility].
- 3.15. On 6 May 2021 at 0903 [Ms R] accessed the records of [Name Suppressed], aged 62, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.16. On 30 May 2021 at 1137 [Ms R] accessed the records of [Name Suppressed], aged 23, who is not an ARC resident. [Name Suppressed] was a member of staff as [The Facility]. [Ms R] accessed [Name Suppressed]'s documents on this day, and her records a further three times during November and December 2021.

- 3.17. On 29 June 2021 at 0930 [Ms R] accessed the records of [Name Suppressed], aged 36, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility]. [Ms R] accessed her records a further three times.
- 3.18. On 8 July 2021 at 1144 [Ms R] accessed the records of [Name Suppressed], aged 53, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.19. On 21 August 2021 at 1213 [Ms R] accessed the records of [Name Suppressed], aged 57, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.20. On 30 August 2021 at 1505 [Ms R] accessed the records of [Name Suppressed], aged 54, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.21. On 3 September 2021 at 1004 [Ms R] accessed the records of [Name Suppressed], aged 47, who was not an ARC resident. [Ms R] accessed [Name Suppressed]'s records multiple times. [Name Suppressed] was a member of staff at [The Facility].
- 3.22. On 22 September 2021 at 1044 [Ms R] accessed the records of [Name Suppressed], aged 34, who was not an ARC resident. She also accessed their records on 19 October 2021 and opened documents. [Name Suppressed] was a member of staff at [The Facility].
- 3.23. On 14 October 2021 at 1115 [Ms R] accessed the records of [Name Suppressed], aged 27, who is not an ARC resident. [Name Suppressed] was a member of staff at [The Facility]. [Ms R] accessed [Name Suppressed]'s documents.
- 3.24. On 20 October 2021 at 1037 [Ms R] accessed the records of [Name Suppressed], aged 63, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].

- 3.25. On 26 October 2021 at 1603 [Ms R] accessed the records of [Name Suppressed], aged 63, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.26. On 28 October 2021 at 1108 [Ms R] accessed the records of [Name Suppressed], aged 50, who is not an ARC member. [Name Suppressed] was a member of staff at [The Facility].
- 3.27. On 29 October 2021 at 1149 [Ms R] accessed the records of [Name Suppressed], aged 59, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.28. On 3 November 2021 at 1042 [Ms R] accessed the records of [Name Suppressed], aged 62, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.29. On 9 November 2021 at 1648 [Ms R] accessed the records of [Name Suppressed], aged 25, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.30. On 14 December 2021 at 1529 [Ms R] accessed the records of [Name Suppressed], aged 30, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.31. On 14 December 2021 at 1543 [Ms R] accessed the records of [Name Suppressed], aged 22, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.32. On 14 December 2021 at 1548 [Ms R] accessed the records of [Name Suppressed], aged 42, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].

- 3.33. On 14 December 2021 at 1549 [Ms R] accessed the records of [Name Suppressed], aged 39, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.34. On 14 December 2021 at 1550 [Ms R] accessed the records of [Name Suppressed], aged 66, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.35. On 14 December 2021 at 1551 [Ms R] accessed the records of [Name Suppressed], aged 58, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.36. On 14 December 2021 at 1552 [Ms R] accessed the records of [Name Suppressed], aged 42, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.37. On 14 December 2021 at 1553 [Ms R] accessed the records of [Name Suppressed], aged 23, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.38. On 14 December 2021 at 1554 [Ms R] accessed the records of [Name Suppressed], aged 19, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.39. On 14 December 2021 at 1554 [Ms R] accessed the records of [Name Suppressed], aged 52, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].
- 3.40. On 15 December 2021 at 0939 [Ms R] accessed the records of [Name Suppressed], aged 24, who was not an ARC resident. [Name Suppressed] was a member of staff at [The Facility].

- 3.41. On 25 January 2022 at 1403 [Ms R] accessed the records of [Name Suppressed], aged 36, who was not an ARC resident. [Ms R] accessed multiple documents. [Name Suppressed] was a member of staff at [The Facility].
- 3.42. On 28 January 2022 at 1042 [ Ms R] accessed the records of [Name Suppressed], aged 50, who was not an ARC resident. [Ms R] accessed [Name Suppressed]’s documents that day, and on 8 February 2022. [Name Suppressed] was a member of staff at [The Facility].
- 3.43. On 1 February 2022 at 1109 [Ms R] accessed the records of [Name Suppressed], aged 64, who was not an ARC resident. [Ms R] accessed [Name Suppressed]’s documents. [Name Suppressed] is a member of staff at [The Facility].
- 3.44. On 8 February 2022 at 1416 [Ms R] accessed the records of [Name Suppressed], aged 48, who was not an ARC resident. [Ms R] accessed [Name Suppressed]’s documents including an ED encounter history. [Name Suppressed] was a member of staff at [The Facility].

The conduct alleged in the Charges amounts to professional misconduct pursuant to section 100(1)(a) and/or (b) of the Act and particulars 1.1 to 1.181, 2.1 to 2.57, and 3.1 to 3.44 either separately or cumulatively, are particulars of that professional misconduct.