Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Monday, 9 November 2026

Virtual Hearing

Name of Registrant:	Geoffrey Caingcoy
NMC PIN:	03A0838O
Part(s) of the register:	Registered Nurse - Adult (RN1) 22 January 2003
Relevant Location:	Leicestershire
Type of case:	Misconduct
Panel members:	Dave Lancaster (Chair, Lay member) Ivan McGlen (Registrant member) Caroline Taylor (Lay member)
Legal Assessor:	Gillian Hawken
Hearings Coordinator:	Emily Mae Christie
Nursing and Midwifery Council:	Represented by Safeena Rashid, Case Presenter
Mr Caingcoy:	Present and represented by Alejandra Tascon, instructed by Thompsons Solicitors
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	**Suspension order extended by 9 months, to come into effect at the end of 11 November 2026, in accordance with Article 30 (1)**

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, your representative, Ms Tascon, made a request that this case be held partly in private [PRIVATE]. The application was made pursuant to Rule 19 of the *'Nursing and Midwifery Council (Fitness to Practise) Rules 2004'*, as amended (the Rules).

Ms Rashid, on behalf of the Nursing and Midwifery Council (NMC), did not oppose this application.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined to go into private session as and when such issues pertaining to [PRIVATE].

Decision and reasons on review of the substantive order

The panel decided to extend the current suspension order for a period of nine months. This order will come into effect at the end of 11 November 2026 in accordance with Article 30(1) of the *'Nursing and Midwifery Order 2001'* (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 10 October 2025.

The current order is due to expire at the end of 11 November 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved, which resulted in the imposition of the substantive order were as follows:

‘That you, a registered nurse on 11 April 2024 whilst attending a home visit for Patient A:

1. *Picked up a wallet belonging to Patient A* ***[Proved by admission]***

2. *Looked through a wallet belonging to Patient A* ***[Proved by admission]***

3. *Intended to take the wallet and/or the contents of the wallet* ***[Proved]***

4. *Your actions in charge 3 was dishonest in that you knew the wallet and/or contents of the wallet did not belong to you* ***[Proved]***

5. *Your actions in charge 2 did not respect the privacy of Patient A* ***[Proved by admission]***

AND, in light of the above, your fitness to practise is impaired by reason of misconduct’

The original panel determined the following with regard to impairment:

‘The panel next went on to decide if as a result of the misconduct, your fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library DMA-1, updated on 3 March 2025, which states:

> *‘The question that will help decide whether a professional’s fitness to practise is impaired is:*
> *“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”*
> *If the answer to this question is yes, then the likelihood is that the professional’s fitness to practise is not impaired.’*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional standards. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of CHRE v NMC and Grant in reaching its decision. In paragraph 74, she said:

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

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:*
>
> a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel finds that Patient A was put at risk of emotional harm and distress as a result of your misconduct, so much so, that Patient A's family members decided not to inform Patient A of the incident, as they were concerned with the significant emotional upset it would cause. Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Regarding insight, the panel considered that you have shown remorse and some insight regarding the breach of Patient A's privacy. The panel noted that you made admissions to the charges of picking up and looking through the wallet, and that you have shown remorse from the outset. The panel noted that in your initial statement dated 14 April 2024, you stated:

> *'I deeply regret that the patient and his family experienced a sense of betrayal.'*

In your most recent reflective piece dated 11 September 2025, you further stated:

> *'I still feel deeply sorry, upset and remorseful for the patient, his family and the staff who had to deal with the consequences of my actions……. but by not seeking permission to check his wallet, I breached his privacy and deeply upset his children'.*

The panel recognise that you have maintained your position and that you state it was never your intent to take the contents of the wallet. The panel acknowledges that you are entitled to maintain this stance, however, were mindful of the inconsistent accounts you gave in defending this position which has already contributed to the panel's decision that there was dishonesty.

Given that you are entitled to contest the charges and there were no aggravating factors such as an intention to deceive by, for example, blaming others and counter-allegations branding witnesses as deluded or liars in the conduct of your defence, the panel has not found that the fact itself that your defence was rejected assists its consideration of impairment in this case.

In relation to remediation, the panel determined that the misconduct in charges 1, 2 and 5 are more easily remediable, with training, reflection and insight. Given your remorse and some insight, the panel is of the view that whilst there may be a lower risk of repetition of breaching a patient's privacy, dishonesty charges are more difficult to remediate, and the risk of repetition remains. The panel has no information before it to show that you fully understand the consequence of your actions on the wider profession nor any training relevant to the regulatory concern.

The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest because of the nature and seriousness of the concerns.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

The original panel determined the following with regard to sanction:

'The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG. The panel is of the view that whilst there may be practical or workable conditions that could be formulated to meet the public protection requirements, these would be insufficient to meet the public interest given the seriousness of the misconduct.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that a suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*

In making this decision, the panel carefully considered the submissions of Ms Barnor in relation to the sanction that the NMC was seeking in this case. However, the panel, whilst recognising the seriousness of the case, the vulnerability of Patient A and the potential risk of emotional harm, the panel were mindful that this was a one-off incident and has not been repeated

even whilst working in the NHS over the past 15 months. The panel had no evidence before it to assess whether there was a deep-seated attitudinal concern. The panel considered the charge found proved regarding the intent to take the wallet and /or its contents might have been for personal gain however, it was clear that nothing was taken.

The panel referred to SAN-2 and considered that the dishonesty is not at the most serious end of the dishonesty spectrum, although, dishonesty by its very nature is serious. The panel determined that a 12 month suspension order is proportionate to the level of seriousness.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. It had regard to SAN-3e:

- *Do the regulatory concerns about the nurse, midwife or nursing associate raise fundamental questions about their professionalism?*
- *Can public confidence in nurses, midwives and nursing associates be maintained if the nurse, midwife or nursing associate is not struck off from the register?*
- *Is striking off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

The panel was of the view that a strike off was not the only sanction sufficient to protect patients, maintain professional standards and uphold public confidence.

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register.

Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

The panel noted the hardship such an order will inevitably cause you. However, this is outweighed by the public interest in this case.

The panel considered that this sanction is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of the misconduct.'

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, your most recent reflection, dated 28 October 2026, and a character reference from Ms Annelene Serrano.

The panel took into account the submissions made by Ms Rashid. Ms Rashid outlined the background of this case and the decisions made by the substantive hearing panel. She submitted that, in terms of current impairment, you remain impaired. Although you have provided a reflective statement, your reflection does not interact with the panel's finding of dishonesty and rather focuses on matters such as respecting privacy, which was a charge you admitted to. The previous panel considered the dishonesty charge more difficult to remediate, and your lack of interaction with this indicates a risk of repetition.

In relation to your testimonials, Ms Rashid submitted that you haven't been able to provide testimonials within a professional context, although you did explain your reasons for this. However, Ms Rashid submitted that nothing has been before the panel to demonstrate that the dishonesty element of this case has been remediated. Therefore, she submitted that you remain impaired.

In relation to sanction, Ms Rashid invited the panel to extend the suspension order for a period at the panel's discretion.

The panel also had regard to submissions from your representative, Ms Tascon. Ms Tascon invited the panel to find that you are no longer impaired and to allow the order to expire. She submitted that the concern is remediable through reflection and meaningful insight into one's conduct, which you have demonstrated in your latest reflective piece. She submitted that you have taken steps to reflect on the charges, the impact your misconduct had on patients, the wider public, and the profession. Ms Tascon submitted that your reflection demonstrates that you understand the seriousness of your actions, have made efforts to be held accountable, have learned from your mistakes, and can uphold professional boundaries.

Ms Tascon submitted [PRIVATE] and have not been able to undertake targeted CPD or training as recommended by the previous panel. However, Ms Tascon submitted that this should not be a bar to the panel's assessment as to whether you remain impaired. You have tried to utilise free resources available to you, such as books, to refresh your memory on ethics, as well as online resources through the NMC and Health & Care Professions Council (HCPC) websites, particularly sections on privacy, confidentiality, and ethics.

Ms Tascon submitted that you undertook some privacy and confidentiality training as part of your previous job at Nottingham University Hospital (NUH); however, you were dismissed from this role in March 2026. She submitted that this also affected your ability to obtain employment references as a result of that dismissal [PRIVATE].

Ms Tascon submitted that you are currently employed, but not in the medical field, rather as a PCV driver. You started this employment in August 2026 and will not conclude your

probation period until February 2027. Due to only being employed for a short period of time, you have been unable to get an employment reference from your current employer.

[PRIVATE]

Ms Tascon submitted that you have made efforts to keep your skills up to date, but due to your situation, you have found it extremely difficult, if not impossible, to secure a job in a medical setting. Despite that, you are dedicated to returning to the profession as and when you are allowed to do so upon the conclusion of these matters. She submitted that throughout your reflection, you have recognised the seriousness of what has happened, why it was wrong, and what you can do in the future to ensure it doesn't happen again. You have demonstrated insight into your behaviour and the impacts it will have had on the patient, as well as on other patients, your colleagues, members of the public, and the profession. Ms Tascon submitted that the panel can be satisfied that your behaviour has been addressed and that you have meaningful insight into it, such that you now pose a low risk of repetition to members of the public.

Therefore, Ms Tascon invited the panel to find that you are no longer impaired and to allow the order to expire.

The panel accepted the advice of the legal assessor. The legal assessor reminded the panel that, in practical terms, there was a persuasive burden on you to demonstrate that your fitness to practise is no longer impaired and that the shortcomings which led to the original finding of impairment have been overcome. The panel was referred to the case of *Abrahaem v General Medical Council* [2008] EWHC 183 (Admin) and the principle that it is for a registrant to fully acknowledge why past performance was deficient and demonstrate that they have, *'through insight, application, education, supervision and other achievement … sufficiently addressed the past impairments.'* It is only if the panel determines that your fitness to practise remains impaired that the panel should go on to consider sanction by applying the guidance as set out in the NMC's guidance on sanctions. The panel must have regard to the principle of proportionality, which requires that your interests be balanced against the interests of the public.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired.

The panel noted that the original panel found that you had shown remorse and demonstrated some insight into some of the concerns. At this hearing, the panel had sight of your recent reflection. The panel noted that this went into detail on the privacy and confidentiality issues you had previously admitted to; however, it was silent on the substantive hearing panel's finding of dishonesty. The panel noted that within your reflection, you appear to have avoided using the word dishonesty, such as: *'One of the areas of insight I have developed is understanding the wider impact of misconduct on the nursing profession.'* The panel acknowledged that you denied these allegations, and even if you wish to maintain your innocence, given the panel's findings, you should still be able to reflect on how dishonesty would impact patients, colleagues, and the wider public confidence in the profession.

The panel further noted that within your reflection, with reference to your employment at AMBICORP Ambulance Service, you stated, *'This job lasted only for one month because NUH informed them about my case and they are employed by NUH.'* The panel drew the inference that this meant that you had not disclosed that you had been dismissed by NUH to your new employer. The panel was of the view that it would have been more reassured had you done this, given that this lends itself to the concerns of dishonesty.

The panel acknowledged the example in your reflection about how you had found a phone left behind on the bus by a student, and your actions in immediately reporting it to the lost property office. However, the panel found that this example was insufficient, as you have no further reflections on the dishonesty found proved by the substantive hearing panel.

Taking all of the above into account, the panel found that your level of insight has not changed since the initial hearing, due to your lack of remediation and reflection into the proven dishonesty.

The panel went on to consider whether you are liable to repeat matters of the kind found proved. It noted that the original panel found that there was a risk of repetition. This panel acknowledged your difficulties in obtaining employment and understood the reason why you were unable to provide any testimonials from employers. It noted the one testimonial from your long-term friend; however, it found that this was unable to satisfy the panel that the risk of repetition is highly unlikely, given the previously mentioned lack of insight and remediation into the proven dishonesty. Accordingly, the panel found that you remain liable to repeat matters of the kind found proved.

Therefore, the panel determined that your fitness to practise remains impaired on the grounds of public protection.

The panel bore in mind that its primary function is to protect patients and the wider public interest, which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that your fitness to practise remains impaired on public interest grounds, given that a well-informed member of the public would be concerned were you allowed to remain unrestricted at this time.

For these reasons, the panel finds that your fitness to practise remains impaired.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the NMC's guidance on sanction, and bore in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and lack of remediation identified, an order that does not restrict

your practice would not be appropriate in the circumstances. The NMC guidance titled *'Caution order'* (SAN-2b, last updated 28 January 2026), states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to your misconduct, particularly your dishonesty.

The panel considered the imposition of a further period of suspension. It was of the view that a further suspension order would allow time for your probationary period to conclude, and for you to obtain an employment reference. It also considered that this would give you time to carefully reflect on the proven dishonesty, the impact of these on the patient, colleagues, the wider public, and confidence in the profession and how you would approach this in the future. Therefore, the panel determined that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest.

The panel considered whether a striking-off order was an appropriate sanction but felt that given your current employment situation and remediation in relation to the privacy element, this would be disproportionate at this time.

The panel concluded that a further suspension order for a period of nine months would provide you with an opportunity to demonstrate your full remediation regarding the dishonesty elements of the concerns. The panel considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 11 November 2026 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review the order. At the review hearing, the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- A detailed reflection on the proven dishonesty, outlining what it means, how it impacts patients, colleagues, and the public, as well as how you would address any similar situation arising in the future; and
- Testimonials from your current employer.

This will be confirmed to you in writing.

That concludes this determination.