

**Nursing and Midwifery Council
Fitness to Practise Committee**

**Substantive Order Review Hearing
Thursday, 19 February 2026**

Virtual Hearing

Name of Registrant: Cindy Pamintuan Driza

NMC PIN 22B02130

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing – 3 February 2022

Relevant Location: Berkshire

Type of case: Conviction

Panel members: Graham Coulston-Herrmann (Chair, Lay member)
Catherine McCarthy (Registrant member)
Lorraine Wilkinson (Lay member)

Legal Assessor: Richard Ferry-Swainson

Hearings Coordinator: Stanley Udealor

Nursing and Midwifery Council: Represented by Stephanie Stevens, Case Presenter

Mrs Driza: Present and unrepresented at the hearing

Order being reviewed: Suspension order (12 months)

Fitness to practise: Impaired

Outcome: **Suspension order extended for 6 months to come into effect on 24 February 2026 in accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

The panel decided to extend the current suspension order for a period of six months.

This order will come into effect at the end of 24 February 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first effective review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee on 27 January 2025. A substantive order review hearing was held on 21 January 2026 but this was adjourned.

The current order is due to expire at the end of 24 February 2026.

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

The charge found proved by way of admission which resulted in the imposition of the substantive order was as follows:

'That you, a registered nurse:

- 1) On 14 August 2023 you were convicted at Slough Magistrates Court of Fraud by false representation contrary to the Fraud Act 2006.*

AND in light of the above, your fitness to practise is impaired by reason of your conviction.'

The original panel determined the following with regard to impairment:

'The panel considered whether your actions have in the past or will in the future put patients at unwarranted risk of harm. Although the panel noted that the Home closed shortly after the fraud was discovered,

there is insufficient evidence to show a direct link between your actions and that closure.

The panel considered that your actions involved a fraud over a number of years involving a large amount of money being stolen from your employer. You did not merely break a nursing code but you also broke the law. It therefore concluded that you have brought the nursing profession into disrepute and you have breached fundamental tenets of the nursing profession. The panel has concluded that you have also acted dishonestly.

The panel considered whether your actions were remediable. The panel considered that dishonesty is difficult to remediate, however it noted that you have taken some positive steps to try and remediate your actions.

The panel recognised that you have started to pay back the money stolen, you have been honest with your current employer about the conviction, and you did plead guilty at court. The panel recognise that the proceedings has had a serious impact on you and you have engaged with the NMC throughout the process. However, the panel were concerned at your lack of meaningful insight on the impact of your actions. The panel noted that your answers focused on the impact to yourself and your immediate family as opposed to the impact on nursing profession and others within the clinical setting.

In terms of public protection, the panel do not consider that your actions have caused direct harm to the public and your clinical skills are not in question. The panel therefore does not find impairment on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest.

The panel determined that, in this case, a finding of impairment on public interest grounds was required. They noted that a reasonably informed member of the public would be shocked if a finding of impairment was not made in the circumstances of this case.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on public interest grounds only.'

The original panel determined the following with regard to sanction:

'The panel then went on to consider whether a suspension order would be an appropriate sanction.

The panel had regard to the SG and although was aware that this was not a single instance of misconduct and in fact the fraud related to a significant sum of money, carried out over a number of years, the panel noted that it related to one employer and began at a time when you were under [PRIVATE] and when you were not registered as a nurse in the UK. Whilst the panel is mindful of the aggravating features of this case and that further development of insight is required, it was of the view that:

- You have demonstrated that you do not have harmful deep-seated or attitudinal problems.*
- There has been no repetition of this behaviour since the incident.*
- You do not pose a significant risk of repetition of that type of behaviour.*
- You have demonstrated genuine remorse.*

The panel was aware that you have continued to work as a registered nurse since your referral and that you have been able to show that you could work honestly and kindly in that role. The panel considered that taking all of the factors as a whole, a suspension order would be sufficient in this case to protect patients, public confidence in nurses, midwives or nursing associates and maintain professional standards. The panel found this to be a finely balanced case, however concluded in light of everything it had heard that your misconduct was not fundamentally incompatible with remaining on the register.

The panel considered the case of Fleischmann and the submissions of the NMC, but considered that you had complied with and already completed a substantial part of your sentence, particularly in respect of the unpaid work. The panel also had regard to the fact that there were no requirements as part of your sentence which were relevant to any ongoing risk. It took the view that although the suspended sentence was still active and there were still some additional hours to complete, this was not a sufficient reason, in this particular case, to prevent the panel from imposing a suspension order.

The Panel did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it including the mitigation provided, the panel concluded that it would be disproportionate. 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.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.'

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 Nursing and Midwifery Council (NMC) has defined fitness to practise as a registrant's suitability to practise 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. It has taken account of the submissions made by Ms Stevens on behalf of the NMC and your submissions

Ms Stevens took the panel through the background of the case and referred it to the relevant pages within the bundle.

Ms Stevens referred the panel to the case of *Abrahaem v General Medical Council (GMC)* [2008] EWHC 183 (Admin). She highlighted that the persuasive burden is on the practitioner at a review to demonstrate that they have fully acknowledge why past professional performance was deficient and through insights, application, education, supervision or other achievement, sufficiently addressed that past impairment. She submitted that although you have engaged with these proceedings, you had admitted the charge during the original hearing and you are currently working as a senior care team leader, it is the NMC's position that your fitness to practise remains impaired.

Ms Stevens submitted that although you had complied with the majority of the recommendations made by the original panel, your insight still remains limited as it focuses on the impact of your actions on your family but not on the nursing profession. She highlighted that in your reflective statement, you had made references to the fact that you continue to work on your personal well-being and that you have suffered a period of hardship. She asserted that you have failed to address the wider consequences of your conduct, its impact on patients, colleagues or public confidence and how you would act differently in a similar scenario as the time of the incidents.

Ms Stevens submitted that, in light of your limited insight, there remains a risk of repetition and therefore a finding of current impairment remains necessary on public interest grounds. She submitted that your fitness to practise remains impaired because of the reasons set out in the draft consent order. She stated that the draft consent order relates to an appeal brought by the Professional Standards Authority (PSA) on 2 April 2025, against the decision of the original panel in this case on the ground that the sanction was unduly lenient. She explained that the PSA is seeking to quash the suspension order and replace it with a striking-off order. She highlighted that this decision has been agreed by all parties including the NMC and you. She stated that these proceedings have commenced with the High Court and the draft consent order was lodged in the High Court on 5 September 2025. She noted that the most recent update from the High Court was received on 18 February 2026, to confirm that the matter has been referred to a lawyer.

Ms Stevens referred the panel to the NMC Sanctions Guidance and highlighted that the original panel determined that taking no action, a caution order and conditions of practice order were neither appropriate nor proportionate in this case due to the behavioural concerns in this matter. She submitted that whilst a striking-off order appears to be inevitable as a result of the agreed draft consent order, the panel is only able to review the decision of the previous panel. She submitted that the NMC will not invite the panel to consider a striking-off order as this would be unfair to you. She noted that you stated in the adjourned review hearing held in January 2026, that you thought the matter would have already been concluded and therefore you did not provide detailed evidence of strengthened practice and insight at that time. She submitted that it would also be wrong for the NMC to invite the panel to impose a striking-off order based on the previous decision by the original panel.

In conclusion, Ms Stevens invited the panel to extend the current suspension order for another four to six months to allow the High Court to deal with the agreed draft consent order.

In oral submissions, you stated that you acknowledge the impact your actions had on the care home, its owner and the people affected by your actions. You submitted that you have apologised to the care homeowner on numerous occasions, you have paid the

amount ordered by the judge, namely the confiscation amount and you have completed your community service. You stated that you did not include all these steps in your reflective statement because the English language is not your native language and you wish you could express everything you have in your heart. You stated that you were not prepared for this hearing as the notice was less than 28 days and you did not have sufficient time to write your reflective statement.

You submitted that you regret your actions and its impact in ruining the reputation of the nursing profession and the NMC. You stated that there is a good side of you and you are trying to move forward from your past actions, but they still hurt your conscience.

[PRIVATE] You stated that [PRIVATE], and you are still learning from your past mistakes, which had impacted your life, the life of your victims and the life of your family.

You stated that you feel a sense of shame for your past actions and that you can no longer contribute your part as a registered nurse. You submitted that, despite your mistakes, you were a dedicated registered nurse, you worked with your whole heart to care for your patients, you were a good team player and you did not let your team down.

You submitted that you promise to not repeat your actions in future and if you could turn back time, you would not have done them. However, you have to face the reality that you have done the wrong thing and face the consequences. You stated that you have always included in your prayers that the care homeowner will forgive you for your past actions.

You stated that you hope that you could return to nursing practice in future and prove to everyone that you are worth given a second chance to apply what you have learnt from your past.

The panel heard and accepted the advice of the legal assessor.

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

The panel considered whether your fitness to practise remains impaired.

The panel took into account your submissions, reflective statement and two testimonials from your current employer. It determined that although you have demonstrated some insight into your conduct and shown remorse, your insight remains limited. The panel noted that your insight mostly focuses on the impact of your conduct on yourself and your family. The panel considered your testimonials but due to the level of your dishonesty, it concluded that they were of limited assistance.

The panel was of the view that you have not demonstrated sufficient insight into the impact of your conduct on the care homeowner's business, the scale and extent of your dishonesty, its impact on public confidence and trust in the nursing profession and the impact of your dishonesty on the reputation of the nursing profession. The panel noted that you acknowledge that you are still learning from your past mistakes. However, it considered that you have not provided any persuasive evidence of how you will prevent a repetition of dishonesty. In light of this, the panel determined that there remains a real risk of repetition. The panel noted that a finding of impairment on public protection grounds was not made by the original panel.

The panel has borne 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.

In the particular circumstances of this case, where there are very serious concerns relating to dishonesty in a clinical setting and there was limited evidence of strengthened practice and insight, the public would expect the regulator to take action. The dishonesty in this case was extremely serious, involving a significant amount of money and conducted over a period of eight years. It had resulted in a conviction for fraud, a sentence of imprisonment (suspended) and a Confiscation Order. The panel determined that public confidence in the profession, would be seriously undermined and damaged if a finding of impairment were not made in this case. For these reasons, the panel determined that a finding of current impairment remains necessary on the grounds of public interest.

Having regard to all of the above, the panel finds that your fitness to practise remains impaired on public interest grounds only.

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 Sanctions Guidance' (SG) and has borne 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. It had found that you have failed to demonstrate sufficient insight into the concerns nor strengthened your nursing practice. The panel therefore decided that it would not be in the public interest to take no further action.

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public interest issues identified, an order that does not restrict your nursing practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your behaviour resulting to your conviction 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 a caution order would not be in the public interest.

The panel next considered whether a conditions of practice order 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 that your dishonest conduct was not related to deficiencies in your clinical practice. The panel considered that

the nature and seriousness of your offending behaviour does demonstrate deep-seated attitudinal issues and the panel therefore determined that there are no practical or workable conditions that could be formulated. Dishonesty is not a matter that could be addressed through re-training or supervision. Accordingly, a conditions of practice order would not address the risk of repetition and this poses a risk of harm to patients' safety and the public. The panel therefore concluded that a conditions of practice order would not be in the public interest.

The panel considered the imposition of a further period of suspension. It considered the NMC Guidance on sanctions for the highest risk cases (SAN-4) particularly cases involving dishonesty, which states:

'Honesty is of central importance to a professional's practice because of the large degree of trust placed in them. Therefore, allegations of dishonesty will almost always put the public at risk of the professional not being trustworthy; because of this a professional who has acted dishonestly will always be at risk of strike-off.... Generally, the forms of dishonesty which are most likely to require consideration of striking-off will involve (but are not limited to):

- *deliberately breaching the professional duty of candour by covering up when things have gone wrong, especially if this could cause harm to people receiving care*
- *misuse of power*
- *personal or financial gain from a breach of trust*
- *direct risk to people receiving care*
- *premeditated, systematic or longstanding deception.*

Dishonest conduct will generally be less serious in cases of:

- *one-off incidents*
- *spontaneous conduct*
- *no direct personal gain*
- *incidents outside professional practice.'*

The panel determined that your conduct was not a one-off incident nor was it a spontaneous action, but instead a premeditated and systematic course of conduct involving multiple dishonest acts over an extended period of time and directly related to your work as a registered nurse, for part of the period in question. Your dishonest conduct demonstrated an abuse of position of trust in which you exploited the care home for your personal gain. It was a longstanding deception in which you sought to cover up your dishonest acts, thereby breaching your professional duty of candour.

The panel therefore found the dishonesty in this case to be extremely serious and at the higher end of the spectrum of serious cases.

The panel considered that the NMC Guidance on sanctions for the highest risk cases (SAN-4) further states:

‘Professionals who have behaved dishonestly can engage with the Committee to:

- *show that they feel remorse*
- *recognise that they acted in a dishonest way*
- *explain, with evidence, how this will not happen again.’*

The panel determined that although it had found you to have demonstrated remorse and that you acknowledge your dishonesty, you have failed to demonstrate sufficient insight into the impact of your actions on the care homeowner, the scale and extent of your dishonesty, its impact on public confidence and trust in the nursing profession and the impact of your dishonesty on the reputation of the nursing profession. Furthermore, you have not provided any persuasive evidence of how you will prevent a repetition of dishonesty.

The panel noted that the PSA had filed an appeal at the High Court to replace the current suspension order with a striking off order and you had agreed to a draft consent striking-off order on the following grounds of appeal:

Ground 3

The NMC's SAN-2 contains specific guidance for cases involving dishonesty.

the Panel failed to apply and/or have regard to it. In particular, SAN-2 provides

that dishonesty with one or more of the following features (amongst others), all

of which were present in the instant case, is likely to call into question a nurse's

ability to remain on the register:

a) Personal financial gain from a breach of trust.

b) Premeditated, systematic, and longstanding deception.

Ground 4

The Panel erred in finding that the Registrant did not have any deep-seated

attitudinal concerns, in that:

a) It gave no reasons for this conclusion.

b) Reasons were especially necessary in circumstances where:

i. The fraud persisted for eight years.

ii. The Registrant initially denied the fraud when confronted by her employer, and during police interview.

iii. The Registrant took only limited responsibility for the fraud, and lacked insight into its impact.

iv. Dishonesty is difficult to remediate.

Ground 5

The Panel erred in finding that the registrant posed a low risk of repetition, in

that:

a) It gave no reasons for this conclusion.

b) Reasons were especially necessary in circumstances where:

i. The Panel found that dishonesty was difficult to remediate.

ii. The Panel found that the Registrant had taken "some"

positive steps to “try” to remediate her actions.

iii. The Panel found that the Registrant had only “limited” insight into the impact of her actions.

c) Read in context, the Panel appears to have been referring to repetition

of the precise misconduct in this case i.e. fraud. The Panel failed to take account of the risk of repetition of dishonesty in general.

Ground 6

The Panel erred in its assessment of aggravating and mitigating features in that:

a) It failed to take into account the aggravating factors that:

i. The fraud only came to an end when the Registrant’s employer intervened.

ii. The Registrant denied the offence when confronted by her employer.

b) It wrongly took into account as mitigating factors that:

i. “There are no clinical concerns about your nursing practice”.

As this was not a professional competence case, the absence of clinical concerns was an irrelevant factor, not a factor to be taken into account in the Registrant’s favour.

ii. The fraud related to one employer. The Registrant only had one employer, and the fraud against him was at the high end of seriousness.

iii. The fraud “began” at a time when the Registrant was not a registered nurse in the UK. The fraud took place in a role very closely related to that of a registered nurse, took place in part because the Registrant believed she should be remunerated at the rate of a registered nurse, the Registrant was a registered nurse in the Philippines, and she was a registered nurse for part of the time.

iv. The fraud “began” at a time when the Registrant was under

[PRIVATE].

v. The Registrant had demonstrated that she did not have harmful deep-seated or attitudinal problems and did not pose a significant risk of repetition of this type of behaviour: neither conclusion was open to the panel for the reasons given under Grounds 4 and 5 above.

vi. There has been no repetition of this behaviour since the incident. Refraining from committing fraud is not a mitigating factor.'

The panel noted that the NMC did not invite the panel to impose a striking-off order given the ongoing appeal process. The panel, having considered the submissions of the NMC and the agreed draft consent order, is keen to avoid acting in conflict with the appeal process currently underway. Although the panel recognises that a striking-off order may be considered to be the most appropriate and proportionate sanction in this case to meet the public interest, it determined that, pragmatically, a further suspension order for a period of six months is appropriate at this stage. This would allow sufficient time for the ongoing appeal process at the High Court to be completed.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 24 February 2026 in accordance with Article 30(1).

The panel did not consider any further evidence to be provided to assist a future review panel, in light of the ongoing appeal process and the agreed draft consent order.

This will be confirmed to you in writing.

That concludes this determination.