

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

**Substantive Order Review Meeting
Friday, 3 July 2026**

Virtual Meeting

Name of Registrant: Anna Preyzner

NMC PIN 15B0045C

Part(s) of the register: Registered Nurse - Sub Part 1
Adult Nursing (Level 1) – 2 February 2015

Relevant Location: Lancashire

Type of case: Misconduct

Panel members: Anica Alvarez Nishio (Chair, lay member)
Alison Thomson (Registrant member)
Anne Rice (Lay member)

Legal Assessor: Nigel Mitchell

Hearings Coordinator: Stanley Udealor

Order being reviewed: Suspension order (6 months)

Fitness to practise: Impaired

Outcome: **Striking-off order to come into effect on 17 August 2026 in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Mrs Preyzner's registered email address by secure email on 29 May 2026. The panel noted that the Notice of Meeting was sent to her two email addresses.

The panel took into account that the Notice of Meeting provided details of the review and that the meeting would be held on or after 29 June 2026.

The panel accepted the advice of the legal assessor.

In light of all of the information available, the panel was satisfied that Mrs Preyzner has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended) (the Rules).

Decision and reasons on review of the current order

The panel decided to replace the current suspension order with a striking off order

This order will come into effect at the end of 17 August 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a substantive suspension order originally imposed for a period of six months by a Fitness to Practise Committee on 20 January 2026.

The current order is due to expire at the end of 17 August 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:

'Details of charge

That you, a registered nurse:

1) Between 27 and 28 March 2021:

- a) failed to accurately record one or more falls in relation to Resident A*
- b) failed to adequately handover information to the day staff, in relation to Resident A's fall(s)*
- c) inaccurately recorded temperature readings for one or more colleagues, during Covid-19 safety measures*

2) Your conduct at 1c) above was dishonest, in that you knew you had neither taken, observed, nor been told their temperature readings.

AND in light of the above, your fitness to practise is impaired by reason of your 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, Mrs Preyzner's fitness to practise is currently impaired.

.....

The panel considered that residents and staff were put at risk of harm as a result of Mrs Preyzner's misconduct. It considered that during the Covid-19 pandemic, procedures were put in place to maintain safety of staff and residents, and that Mrs Preyzner attempted to frustrate these procedures by dishonestly recording false temperatures. The purpose of the procedure was to monitor staff to ensure they were not an

infection risk. By recording a false temperature, staff and residents could have been put at risk because if one of the staff developed a temperature, and posed an infection risk, this may not have been noticed and properly addressed. The panel considered that both residents and members of staff would have been put at risk by an undetected, and unresolved, infection risk. While there is no evidence of actual harm, the panel nevertheless considered that the misconduct had the potential to jeopardise the safety of residents and staff.

The panel considered that Mrs Preyzner's misconduct had breached fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. Further, it was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

The panel considered the factors set out in the case of Ronald Jack Cohen v General Medical Council [2008] EWHC 581 (Admin) when determining whether or not Ms Abogatal has taken steps to strengthen her practice. That is:

*'Whether the misconduct is easily remediable;
Whether it has in fact been remedied;
Whether it is therefore highly unlikely to be repeated'*

In answer to whether the misconduct is easily remediable, the panel considered that the misconduct could be remedied. The panel acknowledged that in most cases, dishonesty can be more difficult to put right, but it considered that this was an isolated spontaneous incident, and there was no personal gain for Mrs Preyzner. The panel further considered that there was no evidence of a deep-seated attitudinal issue and so in all the circumstances the panel determined that this misconduct was capable of remediation.

In answer to whether the misconduct has been addressed and remedied, the panel took into account Mrs Preyzner's statement dated 6 April 2021 in which she acknowledged her wrongdoing and demonstrated a level of insight and remorse. However, the panel considered that there is no evidence before it to suggest that Mrs Preyzner has taken sufficient steps to address and remediate the misconduct in this case.

In answer whether the misconduct is highly unlikely to be repeated, the panel considered that there is a risk of repetition. The panel took into account that this was an isolated incident, and there is no evidence before it to suggest any repetition since the incidents occurred in 2021. However, the panel acknowledged that Mrs Preyzner has not been working as a registered nurse for the last five years. The panel noted Mrs Preyzner's remorse and insight, and also took into account the circumstances at the time, that this was during a global pandemic. However, the panel considered that as Mrs Preyzner has demonstrated limited insight, and has not demonstrated an understanding of the risk of harm to vulnerable patients, and staff when working whilst possibly infectious. As the misconduct has not been fully remediated, and Mrs Preyzner's insight is still developing, the panel concluded that there is a risk of repetition of the misconduct in this case. Due to Mrs Preyzner acknowledging the wrongfulness of her actions at the local level, and the isolated nature of the incident, the panel did not consider this risk to be significantly high, but due to the still developing insight, the panel could not conclude that the misconduct was highly unlikely to be repeated. As some level of risk remains, the panel therefore determined that a finding of current impairment is necessary on the ground 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 considered that honesty is essential to the nursing profession and critical for nurses to maintain the position of trust and confidence they occupy. Therefore, the panel considered a finding of impairment was necessary to signal to the public, and other registered professionals, that dishonesty within the nursing profession is intolerable. Moreover, the panel concluded that a fully informed member of the public would be deeply concerned if a nurse who dishonestly evaded safety procedures during a pandemic was permitted to practice without action being taken. As it would suggest that nurses are not obliged to act honestly at all times, and that procedures meant to maintain the safety of others could be dishonestly circumvented. Therefore, a finding of impairment is necessary to maintain public confidence in the profession and maintain professional standards.

Having regard to all of the above, the panel was satisfied that Mrs Preyzner's fitness to practise is currently impaired.'

The original panel determined the following with regard to sanction:

'Having found Mrs Preyzner's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case.

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The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that 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;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *...*
- *...*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. The panel considered that this was a single instance of misconduct, and that there is no evidence of any harmful, deep-seated personality or attitudinal problems. The panel considered its previous findings and noted that there remains some risk of repetition due to developing insight, but did not consider that risk to be significant. In these circumstances the panel considered that a suspension order would mark the seriousness of the misconduct, protect the public, and meet the public interest.

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

The panel had sight of an email sent by Mrs Preyzner to her NMC Case Officer dated 6 January 2026 in which she stated that she has not been working as a registered nurse for five years and does not intend to return to nursing practice. However, the panel considered that it would be inappropriate to impose a striking off order purely because Mrs Preyzner had indicated that she does not intend to return

to nursing practice. If Mrs Preyzner does not wish to return to practice, then at a review hearing, the panel may allow the order to lapse with a finding of current impairment pursuant to the NMC guidance.

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

The panel noted the hardship such an order will inevitably cause Mrs Preyzner. However, this is outweighed by the need to protect the public, and engage the public interest in this case.

The panel considered that this order 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 six months was appropriate in this case to mark the seriousness of the misconduct. Further, the panel considered that this period of suspension would allow Mrs Preyzner time to strengthen her practice and demonstrate further insight.

At 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:

- *Testimonials from colleagues*
- *A reflective piece demonstrating further insight, whilst recognising the impact of falsifying staff temperatures when caring for vulnerable patients.'*

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Preyzner's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the 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, including the NMC bundle.

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 Mrs Preyzner's fitness to practise remains impaired.

The panel took into account that the substantive meeting panel had found only charges 1c and 2 to amount to misconduct. That panel also determined that Mrs Preyzner had demonstrated limited insight into her misconduct and there was no evidence before it to suggest that Mrs Preyzner had taken sufficient steps to address and remediate the misconduct.

Today's panel took into account that there was no new information to indicate that Mrs Preyzner has further developed her insight since the last substantive meeting. The panel also noted there was no evidence before it to indicate any steps that Mrs Preyzner has taken to strengthen her nursing practice. The panel further noted that Mrs Preyzner has not fully engaged with the NMC, save for her completion of the personal contact and employment details form on 10 March 2026 and there has been no material change in circumstances since the last substantive meeting. The panel took into consideration that

there was no evidence of Mrs Preyzner's compliance with the recommendations of the substantive meeting panel as she has not provided any reflective piece nor testimonials.

In light of this, the panel determined that there remains a real risk of repetition and a consequent risk of harm to the public. It therefore concluded that a finding of continuing impairment is necessary on the grounds of public protection.

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, given the serious concerns about Mrs Preyzner's practice relating to dishonesty and that there was no evidence of strengthened practice and further insight, the public would expect the regulator to take action. 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 is necessary on the grounds of public interest.

Having regard to all of the above, the panel finds that Mr Preyzner's fitness to practise remains impaired on both public protection and public interest grounds.

Decision and reasons on sanction

Having found Mrs Preyzner's 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 and not proportionate in view of the seriousness of the case. It had earlier decided that there remains a risk of repetition and Mrs Preyzner had failed to demonstrate further insight into her misconduct and provide evidence of steps taken to strengthen her

nursing practice. The panel therefore determined that it would neither protect the public nor 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 protection issues identified, an order that does not restrict Mrs Preyzner's 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 determined that Mrs Preyzner's misconduct was not at the lower end of the spectrum and that a caution order would not be appropriate nor proportionate in view of the issues identified. The panel decided that a caution order would neither protect the public nor be in the public interest.

The panel next considered whether imposing a conditions of practice on Mrs Preyzner's registration would be a sufficient and proportionate sanction. The panel was mindful that any conditions imposed must be proportionate, measurable and workable. It bore in mind that dishonest conduct relates to attitudinal issues which are difficult to address with conditions of practice. The panel took into account that Mrs Preyzner has not yet demonstrated sufficient insight into her dishonest conduct, and she has not meaningfully engaged with the NMC. It noted that Mrs Preyzner had indicated in her email to the NMC dated 6 January 2026 that she had not practised as a registered nurse for the past five years and she does not intend to return to nursing practice. The panel determined that there were no practical or workable conditions that could be formulated to adequately protect the public and satisfy the public interest. The panel therefore concluded that a conditions of practice order would not be appropriate and proportionate in this case.

The panel next considered imposing a further suspension order. It had regard to the NMC Guidance on Removal from the register when there is a substantive order in place (Rev-2h) which states:

*'While Suspension Orders and Conditions of Practice Orders can be varied or extended, **they are not intended to exist indefinitely.** In time the professional must be allowed to practise without restriction or*

they should be removed from the register. It is neither in the interests of the public nor the professional's own interests that they are kept in limbo'

The panel was of the view that Mrs Preyzner has had a period of six months, since the imposition of the suspension order, to demonstrate evidence of further insight into her misconduct and any steps taken to strengthen her nursing practice, but she had failed to provide any evidence in this regard. The panel noted there was no evidence of Mrs Preyzner's compliance with the recommendations of the substantive meeting panel. The panel also noted that Mrs Preyzner had indicated in her email to the NMC dated 6 January 2026 that she had not practised as a registered nurse for the past five years and she does not intend to return to nursing practice.

In these circumstances, the panel determined that a further period of suspension would serve no useful purpose, whilst it would protect the public, it would not meet the public interest considerations in this case.

The panel therefore considered a striking-off order and it had regard to the NMC Guidance on Striking-off order (San-2e) which states:

Before imposing this sanction, the Committee should consider:

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

.....

The types of case that are most likely to result in a striking-off order are:

- *Cases involving dishonesty or a breach of the professional duty of candour*
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- *Failing to engage with the fitness to practise process.'*

The panel noted that Mrs Preyzner has not fully engaged with the NMC in relation to these proceedings. The panel considered there has been no new information, since the imposition of the suspension order, to indicate any steps that Mrs Preyzner had taken to strengthen her nursing practice nor any evidence of further insight. The panel therefore determined that there was no evidence to demonstrate that Mrs Preyzner has made any progress towards addressing the concerns about her fitness to practise.

The panel determined that the serious breach of fundamental tenets of the profession, evidenced by Mrs Preyzner's dishonest conduct, raises serious and significant questions about her professionalism. It decided that Mrs Preyzner's misconduct represented a serious departure from the standards expected from a registered nurse and that the public interest would not be served if the current suspension order was extended. The panel therefore concluded that it was necessary to take action to prevent Mrs Preyzner from practising in future and that the only sanction that would adequately protect the public and serve the public interest is a striking-off order. The panel therefore directs the registrar to strike Mrs Preyzner's name off the register.

This striking-off order will take effect upon the expiry of the current suspension order, namely the end of 17 August 2026 in accordance with Article 30(1).

This decision will be confirmed to Mrs Preyzner in writing.

That concludes this determination.