Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Thursday 23 July 2026 – Friday 24 July 2026

Virtual Meeting

Name of Registrant:	**Edward Allen Lopez**
NMC PIN:	99I1438O
Part(s) of the register:	Registered Nurse - Adult nurse, level 1 V300: Nurse independent / supplementary prescriber
Relevant Location:	Warwickshire
Type of case:	Misconduct
Panel members:	Mark Gower (Chair, lay member) Claire Cawley (Registrant member) Farrah Pradhan (Lay member)
Legal Assessor:	Juliet Gibbon
Hearings Coordinator:	Salima Begum
Facts proved:	Charges 1, 2, 3a and 3b
Fitness to practise:	Impaired
Sanction:	**Suspension order (6 months)**
Interim order:	**Interim suspension order (18 months)**

Decisions and reasons on the panel proceeding with the meeting having sight of unredacted material

The panel accepted the advice of the legal assessor in relation to the approach the panel should take to whether it should recuse itself.

It reminded itself that the test is whether a fair-minded and informed observer, having considered all the relevant facts, would conclude that there was a real possibility of bias.

The panel noted that, due to an administrative oversight, the hearing bundle contained a number of references to an allegation that had previously been determined by the Case Examiners as disclosing no case to answer and which should therefore have been redacted before the bundle was provided to the panel. The panel recognised that it was unfortunate that it had been exposed to this material and carefully considered whether this gave rise to either actual bias or the appearance of bias.

In reaching its decision, the panel had regard to the nature of the unredacted material and the context in which it appeared. It noted that the references related to a regulatory concern which had already been considered by the Case Examiners and had not been referred for determination at this substantive meeting. The panel reminded itself that it has no jurisdiction to determine matters that are not before it and that its task is confined to considering only the charges that have been referred.

The panel was satisfied that it would be able to disregard entirely the material relating to the allegation that was not before it. It considered that doing so would not be difficult, as the issues requiring determination are clearly defined by the charges and supported by the evidence relevant to those charges. The panel was satisfied that the absence of the excluded allegation resulted in a clear and self-contained evidential picture, enabling it to focus exclusively on the evidence properly before it without reference to the unredacted material. It was also mindful that taking account of a matter for which there was no case to answer would be unfair to Mr Lopez and contrary to the principles of natural justice.

The panel further noted that Mr Lopez has admitted aspects of the case that are properly before the panel, namely charge 1 and charge 3a. It was satisfied that the inadvertent

disclosure of the excluded material would not influence its assessment of those admitted matters or its determination of the disputed charges. The panel was clear that its findings would be based solely on the admissible evidence and submissions relating to the charges before it.

The panel then considered whether a fair-minded and informed observer, having considered the facts, would conclude that there was a real possibility that the panel was biased. It recognised that the test is an objective one and that the observer is neither unduly sensitive nor suspicious but is informed of all the relevant facts. Having applied that test, the panel was satisfied that such an observer would recognise that the panel had identified the issue at the earliest opportunity, carefully considered the implications of having seen the unredacted material, directed itself in accordance with the legal assessor's advice, and was able to exclude the irrelevant material entirely from its decision-making process. The panel was satisfied that a fair minded and informed observer would be reassured that there was neither conscious nor unconscious bias.

Accordingly, the panel concluded that there was no actual bias, nor any real possibility of apparent bias, and that it was able to determine the case fairly and impartially. The panel therefore decided that it was neither necessary nor appropriate to recuse itself and that it should proceed with the substantive meeting.

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Mr Lopez’s registered email address by secure email on 17 June 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation and that the meeting would be heard virtually on or after 23 July 2026.

In the light of all of the information available, the panel was satisfied that Mr Lopez 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).

Details of charge

That you, a registered nurse:

1) On 20 September 2024 behaved in an inappropriate manner in that you grabbed Colleague A’s penis and/or testicles with your hand.

2) Your conduct at charge 1 was sexual in nature and/or in pursuit of sexual gratification.

3) Your conduct at charge 1 amounted to harassment of Colleague A in that:

a) It was unwanted.
b) It had the purpose or effect of violating Colleague A’s dignity and/or creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A.

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

Background

On 10 December 2024, Mr Lopez was referred to the Nursing and Midwifery Council (NMC) by the [PRIVATE]. Mr Lopez was employed as a Band 7 Vascular Clinical Nurse Specialist within the Surgical Services Group at the Trust, where he had worked for approximately five years.

The referral concerns an incident alleged to have occurred on 20 September 2024. It is alleged that, whilst passing Colleague A, a Health Care Support Worker, in a stairwell, Mr Lopez grabbed Colleague A’s penis and testicles, causing him pain and embarrassment. It is further alleged that Mr Lopez responded to messages on Facebook Messenger with

Colleague A in which Mr Lopez apologised after being informed that Colleague A remained in pain. Mr Lopez was suspended by the Trust on 24 September 2024 pending an investigation and was dismissed following a disciplinary hearing on 4 December 2024.

Colleague A did not provide a witness statement to the NMC, and the case is therefore primarily supported by contemporaneous documentary and Facebook Messenger evidence.

Decision and reasons on facts

At the outset of the meeting, the panel noted the written representations from Mr Lopez, which stated that Mr Lopez has made admissions to charges 1 and 3a.

In reaching its decisions on the disputed facts, the panel took into account all the admissible evidence in this case, together with the representations made by the NMC and Mr Lopez.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel had regard to the written statements of the following witness on behalf of the NMC:

- Mr Josh Hearne-Wilkins / JHW: Registered Nurse, Band 8 Lead Urology Nurse;

The panel also had regard to written responses from Mr Lopez, what he said during his local investigatory meeting and responses in the Trust's disciplinary hearing.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the documentary evidence provided by both the NMC and Mr Lopez.

The panel acknowledged that the evidence in this case was largely hearsay and that it was, relevant, corroborative and that it was fair to admit it. The panel determined that appropriate weight could be applied to the hearsay evidence.

The panel then considered each of the disputed charges and made the following findings.

Charge 1

> "That you, a registered nurse:
>
> 1) On 20 September 2024 behaved in an inappropriate manner in that you grabbed Colleague A's penis and/or testicles with your hand."

This charge is found proved.

In reaching this decision, the panel took into account Mr Lopez's admissions, the NMC documentation and the contemporaneous evidence available before it.

The panel noted that Mr Lopez admitted grabbing Colleague A's groin area in his email correspondence with the Trust. The panel also noted that Mr Lopez admitted the allegation during the Trust's investigation, as recorded by his Line Manager Ms Lauren Lynch (LL)

Meeting notes with Lauren Lynch dated 11 October 2024:

> *"JHW asked LL that when they were walking to JK's office, did EL laugh when LL explained the incident. LL stated that EL giggled and that it was a nervous laugh. LL confirmed that EL had admitted to the allegation."*

The panel further took into account the contemporaneous Facebook Messenger exchanges between Mr Lopez and Colleague A, which corroborate that physical contact occurred and that Colleague A informed Mr Lopez that he remained in pain following the incident.

The Trust's Investigation Report and Facebook messages between Mr Lopez and [Colleague A]

> *"[Colleague A] Your hand is strong my testicles still hurt."*

The panel also considered the hearsay evidence contained within Mr Josh Hearne-Wilkins' witness statement, which recorded the circumstances of the incident and Mr Lopez's admissions.

Witness statement of Mr Hearne-Wilkins dated 17 June 2025:

> *"I understand that the alleged groping was described to be very firm and had caused [Colleague A] significant pain and discomfort for several days after."*

Whilst Colleague A did not provide a witness statement to the NMC, the panel was satisfied that there was sufficient corroborative evidence, including Mr Lopez's own admissions and the contemporaneous electronic messages, to establish, on the balance of probabilities, that Mr Lopez grabbed Colleague A's penis and testicles with his hand.

Accordingly, the panel found charge 1 proved.

Charge 2)

> "That you, a registered nurse:
>
> 2) Your conduct at charge 1 was sexual in nature and/or in pursuit of sexual gratification."

This charge is found proved in relation to the conduct being of a sexual nature only.

In reaching its decision, the panel considered the nature of the conduct itself. It determined that intentionally grabbing another person's penis and/or testicles is, by its very nature, is sexual conduct. The panel also took into account the Facebook Messenger exchanges following the incident, in which Colleague A questioned whether the conduct was *"gay"*

and stated that he was *"straight",* demonstrating that he perceived the conduct to have a sexual connotation.

The panel also considered Mr Lopez's explanation that the incident was intended as banter and was not sexual or for his own sexual gratification.

Statement of Case:

> *“Mr Lopez returned a completed CMF dated 29 January 2026. In the CMF form he admits charges 1 and 3a but denies charges 2 and 3b.*
>
> *He states: “For me it was a pure act of banter towards my mate. It was not sexual for me nor was intended in pursuit of sexual gratification. It was not my purpose to intimidate, hostile, degrade, humiliate or offend the person.”*

The panel accepted that, whilst this explanation did not detract from the inherently sexual nature of the conduct, there was insufficient evidence to conclude that Mr Lopez acted in the way he did in the pursuit of sexual gratification.

The Trust’s Investigation Report:

> *“Edward [Mr Lopez] was asked what his thoughts were when he saw [Colleague A]’s initial message on Facebook and what 'papi is still soft' meant which had a laughing emoji (Facebook message was showed to Edward). Edward stated that 'papi means friend or mate in Filipino, so his message was friend is still soft'. Edward explained that 'is still soft' meant [Colleague A]’s penis and balls were still soft.*
>
> *Edward was asked if he deemed his actions were sexual. Edward replied no but that it was only banter. However, being on suspension he had reflected on it and that his actions were irresponsible…Edward wishes to add that he finds his action as ‘highly’ irresponsible and disgusting”*

The panel noted Ms Lynch's view as expressed in the investigatory meeting that prior to this incident Mr Lopez had no history of similar actions or behaviour that she was aware of and she believed that his conduct occurred as a result of *"an isolated severe lapse of judgement".*

The panel noted there was no direct evidence of sexual gratification, no formal witness statement from Colleague A addressing that issue, and no other evidence capable of supporting such a finding.

Accordingly, the panel found that the conduct was sexual in nature because Mr Lopez grabbed Colleague A's penis and testicle with his hand. It did not find that Mr Lopez's conduct was in pursuit of sexual gratification.

Charge 3a) and 3b)

> "That you, a registered nurse:
>
> 3) Your conduct at charge 1 amounted to harassment of Colleague A in that:
> a) it was unwanted.
> b) It had the purpose or effect of violating Colleague A's dignity and/or creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A."

This charge is found proved.

Whilst the panel determined each limb of this charge separately, it considered these two sub-charges together as both have to be found proved to establish harassment.

In relation to charge 3a, the panel noted that Mr Lopez admitted that the conduct was unwanted. It was satisfied that the conduct was clearly unwanted. It noted that Mr Lopez accepted the physical contact occurred and that there is no evidence that Colleague A consented to the conduct. The panel also considered the Facebook Messenger exchanges, in which Colleague A immediately challenged Mr Lopez's actions, informed

him that he remained in pain and expressed his distress about what had happened. The panel further took into account the evidence that Colleague A subsequently reported the incident within the Trust.

Investigation meeting notes with [Colleague A] dated 25 October 2024:

> *“JHW asked [Colleague A] if he had ever touched EL in any physical way and that EL stated I see him [Colleague A] as one of my mates in the hospital and outside. Whenever we bump into each other on the wards, corridors, or stairs, we would always greet each other through fist bumps, hi-fives or handshake and would always a chat and a friendly banter. [Colleague A] replied no and that he had never fist bump or hi-five EL whilst at work and he had never met EL outside of work, [Colleague A] stated that he would just say hello to EL when they meet during work and when they see each other while working bank shift and that EL is an acquaintance and not a 'mate.'*
>
> *JHW asked [Colleague A] to describe his relationship with other male Filipinos in and outside of work. [Colleague A] stated the usual handshake with male Filipinos in and outside of work and not hi-fives. fist bumps or hugs.”*

In relation to charge 3b, which is disputed by Mr Lopez, the panel was satisfied that the conduct had the effect of violating Colleague A's dignity and creating an intimidating, hostile, degrading, humiliating and offensive environment for Colleague A. The panel placed more weight on the contemporaneous evidence demonstrating Colleague A's reaction to the incident, including his Facebook messages, his subsequent report of the matter and his strong desire to ensure it was dealt with. The panel also considered the evidence that Colleague A discussed the incident with his wife, who encouraged him to pursue the matter formally, and that he indicated he would report the matter to the police if the Trust failed to take action.

Witness statement of Mr Hearne-Wilkins dated 17 June 2025:

> *“The second interview I conducted as part of the investigation was with [Colleague A] on 25 October 2024 at 13:00. I exhibit a copy of the investigation*

meeting minutes with [Colleague A] dated 25 October 2024 as Exhibit [Investigation meeting minutes with [Colleague A] dated 25 October 2024]. I chose to interview [Colleague A] after Ms Lynch so that I could get an understanding of how he was feeling and why he felt it was necessary to report the incident in the stairwell. He was very angry and he felt that he had been targeted by Mr Lopez. He said he would go to the Police to report the incident if the Trust did not take any action. The interview with [Colleague A] went smoothly and [Colleague A] was clear that him and Mr Lopez were not friends and at best, were acquaintances. [Colleague A] stated that he had met Mr Lopez once socially before Covid and would occasionally bump into each other at work but there was no friendship but even so, physical touch was not something [Colleague A] would do with close friends."

The panel considered this to be compelling evidence of the seriousness with which Colleague A perceived the incident and the significant impact it had upon him.

The panel noted that in Mr Lopez's Case Management Form, he had stated for him it was "*pure act of banter towards my mate. It was not sexual for me nor was intended in pursuit of sexual gratification, it was not my purpose to intimidate, hostile, degrade, humiliate or offend the person."*

The panel also noted the disparity in seniority between Mr Lopez, a Band 7 Clinical Nurse Specialist, and Colleague A, a Health Care Support Worker. It considered that this imbalance of seniority reinforced the degrading and intimidating effect of the conduct.

Having considered all of the evidence, the panel was satisfied that Mr Lopez's conduct was unwanted and had the purpose or effect of violating Colleague A's dignity and creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A.

Accordingly, the panel found charges 3a and 3b proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mr Lopez's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and effectively without restriction.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage, and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Mr Lopez's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the case of *Roylance v GMC (No. 2)* [2000] 1 AC 311 which defines misconduct as a 'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of **'**The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) in making its decision.

The NMC identified the specific, relevant standards where Mr Lopez's actions amounted to misconduct, identifying the specific standards of the Code breached, which included: 20, 20.1, 20.3 and 20.8.

The NMC submitted that, although not every breach of the Code amounts to misconduct, Mr Lopez's actions constitute to serious professional misconduct. Mr Lopez committed

sexual misconduct in the workplace against a colleague, demonstrating an attitudinal concern and falling seriously below the standards expected of a registered nurse.

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC invited the panel to find Mr Lopez's fitness to practise impaired on the grounds of public protection and in the wider public interest. The misconduct is not easily remediable, as it concerns sexual misconduct towards a colleague in the workplace, although the NMC accepts that remediation may be possible. It acknowledged that Mr Lopez had made some admissions and completed relevant training but submitted that he had not demonstrated sufficient insight, reflection or remediation to address the regulatory concerns.

In the absence of fully developed insight and meaningful evidence of learning, there remains a risk of repetition. Although the conduct did not involve a patient, the NMC submitted that the attitudinal concerns identified could potentially translate into a clinical setting, giving rise to an ongoing risk to the public. The NMC further submitted that a finding of impairment is necessary to maintain public confidence in the nursing profession and uphold proper professional standards, as allowing Mr Lopez to practise without restriction would undermine confidence in the regulatory process given the nature of the misconduct.

Mr Lopez provided written responses dated 14 March 2025.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel decided that Mr Lopez's actions did fall significantly short of the standards expected of a registered nurse and amounted to breaches of the Code. Specifically:

> *'**20 Uphold the reputation of your profession at all times***
> *To achieve this, you must:*
> ***20.1** keep to and uphold the standards and values set out in the Code*
> ***20.2** act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment*
> ***20.3** be aware at all times of how your behaviour can affect and influence the behaviour of other people*
> ***20.5** treat people in a way that does not take advantage of their vulnerability or cause them upset or distress*
> ***20.8** act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Mr Lopez's conduct amounted to serious professional misconduct. It found that Mr Lopez deliberately grabbed the penis and/or testicles of a junior colleague in the workplace. It had already determined that the conduct was sexual in nature, unwanted and amounted to harassment. Whilst the incident was an isolated event and did not involve a patient, it occurred in a professional healthcare setting and involved a colleague who was junior to Mr Lopez. The panel also had regard to the *Trust's Sexual Safety Charter*, which makes clear that inappropriate sexual behaviour in the workplace is unacceptable. The panel considered that Mr Lopez's conduct was directly contrary to those professional standards and expectations.

The panel concluded that Mr Lopez's actions fell seriously below the standards expected of a registered nurse and amounted to serious professional misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mr Lopez's fitness to practise is currently impaired.

In reaching its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

> *'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust. 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 *Council for Healthcare Regulatory Excellence v Nursing and Midwifery Council & Grant* [2011] EWHC 927 (Admin) 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/their fitness to practise is impaired in the sense that S/He/They:

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) *….'*

The panel first considered limb a. The misconduct did not arise in the context of patient care, nor did it place any patient at risk of harm. The concerns relate solely to Mr Lopez's conduct towards a colleague and there was no evidence before the panel that his clinical competence, knowledge or nursing skills had been called into question. The panel also noted that Mr Lopez had practised as a registered nurse for over 25 years without any previous regulatory concerns or evidence of similar behaviour. Whilst colleagues are entitled to feel safe within the workplace, the panel was not satisfied that there was any evidence to suggest that Mr Lopez's misconduct would transfer into unsafe patient care or that patients had been, or were liable to be, placed at an unwarranted risk of harm. The panel therefore determined that this limb was not engaged.

In considering limb b, the panel considered that members of the public are entitled to expect registered nurses to behave professionally and maintain appropriate boundaries, not only with patients but also with colleagues. Mr Lopez's misconduct involved unwanted behaviour of a sexual nature towards a junior colleague in the workplace. The panel was satisfied that such behaviour falls significantly below the standards expected of a registered nurse and is liable to bring the nursing profession into disrepute. It considered that public confidence in the profession would be undermined if conduct of this nature were not regarded as sufficiently serious. The panel therefore determined that limb b was engaged.

In considering limb c, the panel concluded that Mr Lopez's conduct breached a fundamental tenet of the nursing profession, namely, to promote professionalism and trust. The panel found that Mr Lopez's actions were wholly incompatible with professional standards. It considered that colleagues should not be expected to tolerate unwanted sexual conduct in the workplace and that such behaviour is entirely inconsistent with the trust, professionalism and respect expected of registered nurses. The panel determined that limb c was engaged.

The panel determined that limb d was not engaged, as dishonesty was not a feature of this case.

Regarding insight, the panel considered that Mr Lopez has demonstrated developing insight. It acknowledged that he made admissions during both the Trust's investigation and the NMC proceedings and has accepted that his conduct was inappropriate.

The panel noted Mr Lopez's written response, dated 14 March 2025. Mr Lopez stated:

> "*I honestly thought that what I have done was part of a male-banter towards my mate and colleague. On reflection, I have realised that it was a very inappropriate and unprofessional gesture which has caused him harm and embarrassment…Since the unfortunate incident occurred, I have contemplated on my inappropriate action and have apologised profusely to the person that I have offended and to the Trust…I have learned my lesson and promised no such incident will ever happen again. I have undertaken the training in maintaining professional boundaries…I acknowledge the harm and embarrassment I have caused to my colleague and friend…I would like again to state that in the 25+ years of service as a nurse, not once did I compromised nor put any of my patients in harms way nor put them in such ordeal. I have always consider their safety, well being and integrity as my priority. I believe that I do not pose as a risk to the patients and colleagues*".

The panel concluded that Mr Lopez's insight remains developing and is not yet complete. Whilst he now recognises that his actions were wrong, the panel was not satisfied that he

has fully reflected on the impact of his conduct on Colleague A, the wider public, or public confidence in the nursing profession.

The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not Mr Lopez has taken steps to strengthen his practice. The panel took into account his engagement with the regulatory process, his admissions, and the evidence of some reflection and training. It also noted that this was an isolated incident during a nursing career of over 25 years, with no previous regulatory concerns or evidence of similar behaviour. The panel further considered the evidence of Mr Lopez's former manager, who described him as a competent practitioner and confirmed that there had been no previous concerns regarding his professional conduct.

Statement of Lauren Lynch dated 24 September 2024:

> "*Regarding the recent incident, when I first spoke to Edward about it, he appeared shocked and did not fully grasp the seriousness of the offence. However, after taking some time to reflect on the situation, Edward expressed genuine remorse and shame. He now fully understands the gravity of their actions and has taken full responsibility…I remain confident in his potential to learn from this experience and continue to develop positively in his role."*

However, the panel was of the view that there remains a risk of repetition because Mr Lopez has not yet demonstrated sufficiently developed insight or meaningful remediation. Although the panel considered the risk to be limited, it was not satisfied that the misconduct had been fully remedied or that repetition was highly unlikely to be repeated in the future, applying the principles set out in *Cohen v General Medical Council* [2008] EWHC 581 (Admin). The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind the overarching objectives of the NMC, to protect, promote and maintain the health, safety and wellbeing of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing profession and upholding proper professional standards.

The panel determined that a finding of impairment on public interest grounds is required because Mr Lopez's misconduct involved unwanted behaviour of a sexual nature towards a junior colleague in the workplace and represented a serious departure from the standards expected of a registered nurse. The panel considered that a fully informed member of the public would expect a finding of impairment in these circumstances in order to uphold proper professional standards and maintain confidence in the profession.

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 6 months. The effect of this order is that the NMC register will show that Mr Lopez’s registration has been suspended.

Representations on sanction

The panel noted that in the Notice of Meeting, the NMC had advised Mr Lopez that it would seek the imposition of a suspension order for a period of three to six months, if it found Mr Lopez’s fitness to practise currently impaired.

The NMC submitted that a suspension order for a period of three to six months, with a review, is the appropriate and proportionate sanction in the circumstances of this case. It identified the aggravating factors as the sexual nature of the misconduct, the attitudinal concerns arising from Mr Lopez's conduct, and his lack of sufficient insight and remediation. In mitigation, the NMC submitted that no patient harm was caused, Mr Lopez has no previous regulatory history, and he made admissions during both the Trust's disciplinary process and the NMC's investigation.

The NMC submitted that taking no further action or imposing a caution order would be insufficient to address the seriousness of the misconduct, the ongoing risk of repetition, and the need to maintain public confidence in the profession. It further submitted that a conditions of practice order would not be appropriate because the concerns relate to Mr Lopez's attitude and behaviour, and there are no workable conditions capable of addressing those issues.

The NMC invited the panel to impose a suspension order on the basis that, although the misconduct is serious and raises attitudinal concerns, it is capable of remediation. Mr Lopez has demonstrated some limited insight through his admissions, but that his insight remains underdeveloped and further reflection and remediation are required before he can safely return to unrestricted practice. A suspension order would provide Mr Lopez with the opportunity to develop his insight and address the concerns, whilst protecting the public and maintaining confidence in the profession.

The NMC submitted that this case could be distinguished because the misconduct did not involve a patient, was not prolonged or persistent, and did not result in a criminal prosecution or conviction. In those circumstances, the NMC submitted that a suspension order, rather than a striking-off order, would appropriately balance the public protection and public interest considerations.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Mr Lopez's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Mr Lopez was in a considerably more senior position to Colleague A
- limited insight
- lack of sufficient remediation

The panel also took into account the following mitigating features:

- admission of some of the facts to the Trust and the NMC

- apologised to Colleague A and other colleagues
- no patient harm
- a relevant training course had been conducted
- this was an isolated incident

The panel next considered a caution order and had regard to the NMC Guidance on *'Caution order'* (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

> *'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means 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 Mr Lopez's misconduct was not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mr Lopez's practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mr Lopez's registration would be appropriate. The panel is mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on *'Conditions of practice order'* (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*

- *insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel is of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through clinical retraining or by placing restrictions on Mr Lopez's clinical practice. The concerns arise from his professional conduct, judgement and maintenance of appropriate professional boundaries, rather than any deficiency in his clinical competence or skills. The panel therefore concluded that a conditions of practice order would neither address the behavioural concerns identified nor adequately protect the public or satisfy the public interest.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *'Suspension order'* (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their*

practice through reflection, the development of their professional skills and / or development of insight and remediation

- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

The panel was satisfied that, whilst the misconduct was serious and involved unwanted conduct of a sexual nature towards a junior colleague, it had not been for sexual gratification and represented an isolated incident in the context of Mr Lopez's lengthy nursing career of over 25 years. The panel took into account that there had been no previous regulatory concerns, no evidence of a wider pattern of inappropriate behaviour, and no concerns regarding Mr Lopez's clinical competence or patient care. It also had regard to Mr Lopez's admissions and his developing, albeit as yet incomplete insight. It was satisfied that the misconduct is capable of remediation and that a period of suspension would provide Mr Lopez with the opportunity to further develop his insight, reflect on the wider impact of his actions and demonstrate meaningful remediation before returning to unrestricted practice. The panel was satisfied that in this case; the misconduct was not fundamentally incompatible with remaining on the register.

The panel then considered whether a striking-off order was necessary. It recognised that the case involved sexual misconduct, which is always serious, and had regard to the NMC's guidance on sanctions for the highest risk cases. However, the panel was satisfied that the misconduct, whilst serious, was not fundamentally incompatible with continued registration. The conduct did not involve a patient or vulnerable person, was not persistent or predatory, did not form part of a pattern of repeated behaviour, and did not result in any criminal conviction. The panel also considered Mr Lopez's previously unblemished career, his admissions, and the evidence of developing insight. In all of the circumstances, the

panel concluded that the public would remain adequately protected by a suspension order and that a striking-off order would be disproportionate.

Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mr Lopez's 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.

The panel noted the hardship such an order will inevitably cause Mr Lopez. However, this is outweighed by 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 6 months was appropriate in this case to mark the seriousness of the misconduct whilst recognising the mitigating features of the case. The panel considered that a 6 month period will provide Mr Lopez with sufficient time to further develop his insight, demonstrate meaningful reflection and remediation, and satisfy a reviewing panel that the risk of repetition has been addressed before he is permitted to return to unrestricted practice.

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 extend the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Evidence of professional development, including documentary evidence of completion of Sexual Harassment Awareness Training, Sexual Harassment at Work Training.
- Other relevant reading for example: Profession Conduct in a Workplace, Psychological Impact of Sexual Harassment.

- A reflective piece of the impact of your conduct on Colleague A, other colleagues, the nursing profession and the wider public.
- Testimonials from a line manager or supervisor that detail your current work from any form of employment.
- Continued engagement with the NMC.

This will be confirmed to Mr Lopez in writing.

Interim order

As the suspension order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mr Lopez's own interests until the suspension sanction takes effect.

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

Representations on interim order

The NMC submitted that the substantive suspension order will not take effect until the end of the 28 day appeal period and may be delayed further if an appeal is lodged by Mr Lopez, an interim order is necessary to prevent Mr Lopez from practising unrestricted in the meantime. The NMC invited the panel to apply an interim suspension order for 18 months on the grounds of public protection and the wider public interest, pending any appeal. It submitted that, if no appeal is made, the interim order would fall away once the substantive suspension order takes effect.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order.

The panel determined that it was necessary to protect the public and maintain public confidence, given the seriousness of the findings which led to Mr Lopez's temporary removal from the register. It determined that it would be inappropriate to allow him to practise during the 28 day appeal window. The panel concluded that if Mr Lopez does not appeal, the interim order will fall away once the substantive suspension order takes effect after 28 days. If he does appeal, the interim order will remain in place to ensure ongoing public protection.

The panel therefore imposed an interim suspension order for a period of 18 months to allow time for any possible appeal.

If no appeal is made, then the interim suspension order will be replaced by the substantive suspension order 28 days after Mr Lopez is sent the decision of this hearing in writing.

That concludes this determination.