Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting

Thursday, 20 August 2026

Virtual Meeting

Name of registrant:	**Iain Scott Laing**
NMC PIN:	93Y0057S
Part(s) of the register:	Nursing Sub part 1 RNA, Registered Nurse- Adult 2 September 1996
Relevant Location:	Scotland
Type of case:	Conviction
Panel members:	David Lancaster (Chair, lay member) Purushotham Kamath (Registrant member) Chanelle Gibson-McGowan (Lay member)
Legal Assessor:	Cyrus Katrak
Hearings Coordinator:	Monsur Ali
Facts proved:	Charge 1
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

As this was a meeting**,** the panel noted that Mr Laing was not in attendance and that the Notice of Hearing had been sent to Mr Laing's registered email address by secure email on 14 July 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, the time, dates and venue of the meeting.

In the light of all of the information available, the panel was satisfied that Mr Laing has been served with notice of this meeting in accordance with the requirements of Rules 8 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 28 January 2025 were convicted of the following offence:*

a) Between 20th January 2025 and 27th January 2025, both dates inclusive at [Redacted] you … did behave in a threatening or abusive manner which was likely to cause a reasonable person to suffer fear or alarm in that you did repeatedly attend without permission, repeatedly enter the bathroom, on one occasion enter the bathroom and thereafter exit the bathroom in possession of a tissue, repeatedly enter the bathroom of [Redacted] then aged 13 years, care of Police Service of Scotland, take underwear from said bedroom and place underwear towards your face; CONTRARY to Section 38(1) of the Criminal Justice and Licensing (Scotland) Act 2010

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

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case together with the representations made by the Nursing and Midwifery Council (NMC).

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.

Background

On 29 January 2025, the NMC received a self-referral from Mr Laing stating that he had pleaded guilty to threatening and/or abusive behaviour with sexual aggravation and has been convicted of this offence.

The NMC received information from the police that Mr Laing was entrusted with a key to his neighbour's address solely for the purposes of taking care of their dog.

On Monday 20 January 2025 a witness received a notification through his mobile phone from his CCTV camera within his home address that there was motion within his property. The witness has thereafter reviewed the footage and from it he observed Mr Laing entering the flat and entering the bathroom.

Mr Laing thereafter closed over the bathroom door slightly and it is unclear what he was exactly doing within the bathroom. Mr Laing was within the bathroom for approximately three minutes, he exited the bathroom and then reached for the dog's food bowl and then exited the property.

The witness found this behaviour odd and slightly alarming.

On Tuesday 21 January 2025, the witness again received a notification through his mobile phone and observed Mr Laing entering the witness's home address

Mr Laing was seen on the CCTV entering the witness's under 16 daughter's bedroom, Mr Laing was in there for approximately two minutes.

After leaving the bedroom Mr Laing entered the bathroom and was again in there for approximately three minutes. Mr Laing then exited the bathroom and in his right hand he was holding loosely what looked to be a used tissue of some sort, he thereafter left the property.

The witnesses again found this behaviour alarming, especially Mr Laing entering the young daughter's bedroom, albeit when there was no-one else within the property.

On Monday 27 January 2025 Mr Laing entered the witness's home address and headed straight into their under 16 year old daughter's bedroom and he was in there for approximately two minutes.

Mr Laing thereafter opened the bathroom door momentarily, clearly holding a set of pink female underwear in his hand. He then turned and lifted his hand and held the underwear towards his face.

This underwear belonged to the witness's under 16 year old daughter.

Mr Laing later asserted that he was unaware that the property was CCTV monitored.

Mr Laing was arrested on 27 January 2025.

Mr Laing informed his employer of his conviction and was subsequently suspended from work.

Mr Laing entered a guilty plea to the charge under Section 38 (1) of the Criminal Justice and Licensing (Scotland) Act 2010 and has been convicted. He was sentenced and received a community payback order and supervision order for three years and placed on Sex Offender Register.

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 the NMC.

The panel then considered the charge and made the following finding.

Charge 1

"That you, a Registered Nurse:

1) On 28 January 2025 were convicted of the following offence:

a) Between 20th January 2025 and 27th January 2025, both dates inclusive at [Redacted] you … did behave in a threatening or abusive manner which was likely to cause a reasonable person to suffer fear or alarm in that you did repeatedly attend without permission, repeatedly enter the bathroom, on one occasion enter the bathroom and thereafter exit the bathroom in possession of a tissue, repeatedly enter the bathroom of [Redacted] then aged 13 years, care of Police Service of Scotland, take underwear from said bedroom and place underwear towards your face; CONTRARY to Section 38(1) of the Criminal Justice and Licensing (Scotland) Act 2010."

This charge is found proved.

In reaching this decision, the panel took into account that Mr Laing had pleaded guilty to the criminal offence. However, he had not separately admitted the NMC charge. The conviction was proved by the Extract of Conviction, and the panel therefore found the charge proved.

The charge concerns Mr Laing's conviction and, having been provided with a copy of the Extract of Conviction of the conviction, the panel determined that the facts are found proved in accordance with Rule 31 (2) and (3). These state:

*'**31.**— (2) Where a registrant has been convicted of a criminal offence—*

(a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and

(b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.

(3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider whether Mr Laing's fitness to practise is currently impaired by reason of his conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as follows: *'being fit to practise is not defined on our legislation but for us it means that a professional on our register can practice as a nurse… safely and effectively without restriction.'*

The panel, in reaching its decision, 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.

Neither the NMC nor Mr Laing provided any submissions to the panel.

Decision and reasons on impairment

The panel considered whether Mr Laing's fitness to practise was currently impaired by reason of his conviction. In doing so, it considered the seriousness of the conduct underlying the conviction, the sexually motivated and repeated nature of the behaviour, the breach of trust involved, Mr Laing's level of insight and remediation, the risk of repetition,

and the need to maintain public confidence in the nursing profession and uphold proper professional standards.

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

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

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

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

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/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 considered that the first three limbs of the *Grant* test were engaged. Although the conduct did not take place in a clinical setting, Mr Laing's had been placed in a position of trust within a family home. He repeated unauthorised entry into private areas and the sexually motivated nature of his behaviour amounted to a serious breach of that trust. It considered that the behaviour had the potential to cause harm, had brought the nursing profession into disrepute and breached the fundamental tenet to promote professionalism and trust.

In the context of this case, the panel considered that Mr Laing exhibited deep-seated attitudinal issues in that he showed little real remorse, has not engaged with these proceedings and further, the nature of the conviction itself being sexual in nature, also suggests a deep-seated attitudinal issues.

The panel was of the view that Mr Laing's actions did fall significantly short of the standards expected of a registered nurse, and that Mr Laing's actions amounted to a breach of the Code. Specifically:

'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
20.4 keep to the laws of the country in which you are practising
20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress'

The panel had sight of the NMC guidance FTP-2c-1 which states as follows:

'specified offences are offences which are, by definition, particularly serious. The nature of these convictions would raise fundamental questions abut a nurse,

midwife or nursing associate's ability to uphold the standards and values set out in the Code.'

The charge in this case relates to a sexual offence and therefore fits within the definition above.

The panel then considered whether the concerns were capable of remediation and whether there remains a risk of repetition. It took into account that Mr Laing had pleaded guilty, informed his employer and self-referred to the NMC. However, it considered that his insight had not developed and if anything appears to have reduced over time. There was limited evidence that he fully understood the impact of his behaviour on the family, the breach of trust involved or the wider impact on public confidence. The panel also had no evidence of meaningful remediation.

The panel considered that the behaviour was not a single isolated incident, but occurred over a number of days. Although it took place in a domestic setting, the panel considered that the underlying concern related to an abuse of trust and appropriate boundaries, which was relevant to nursing practice. In light of the limited insight, lack of remediation and seriousness of the conduct, the panel considered that there remained a risk of repetition and harm to the public. It therefore found Mr Laing's fitness to practise currently impaired on public protection grounds.

The panel also considered that a finding of impairment was required in the wider public interest. It considered that a reasonable and properly informed member of the public would be seriously concerned if no finding of impairment were made in light of the nature and seriousness of Mr Laing's conviction. The panel also took into account that he had been placed on the Sex Offender Register.

The panel therefore concluded that a finding of impairment was necessary to maintain public confidence in the nursing profession and to declare and uphold proper professional standards. Accordingly, it determined that Mr Laing's fitness to practise is currently impaired on both public protection and public interest grounds.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mr Laing off the NMC register. The effect of this order is that the NMC register will show that Mr Laing has been struck off the register.

In reaching this decision, the panel had regard to all the evidence before it and gave careful consideration to the NMC's Sanctions Guidance (SG). The panel accepted the advice of the legal assessor.

The panel reminded itself that the purpose of a sanction is not to punish Mr Laing, although it may have a punitive effect. The panel considered that any sanction imposed must be proportionate and no more restrictive than is necessary to protect the public, maintain public confidence in the nursing profession and uphold proper professional standards.

The panel first considered the aggravating features in this case. It identified the following aggravating factors:

- the sexually motivated nature of the conduct;
- the conduct occurred on more than one occasion over a period of several days;
- there was a serious breach of trust;
- the circumstances involved a child under the age of 16;
- Mr Laing was placed on the Sex Offender Register;
- there was limited insight and no evidence of meaningful remediation;
- Mr Laing appears to have disengaged from the regulatory process with his last contact with the NMC dating back to January 2026.

The panel also took into account the mitigating features:

- Mr Laing pleaded guilty to the criminal offence;
- informed his employer ;
- self-referred the matter to the NMC.

The panel first considered taking no further action. It decided that this would be wholly inappropriate given the seriousness of the conviction and would provide no protection to the public or satisfy the wider public interest.

The panel next considered a caution order. It concluded that a caution order would not be sufficient. There was no evidence of sufficient remediation or developed insight, and the panel had already found that there remained a risk of repetition. A caution order would therefore neither protect the public nor properly reflect the seriousness of the conduct.

The panel then considered a conditions of practice order. It determined that the concerns in this case did not relate to an identifiable area of clinical practice which could be addressed through workable and measurable conditions. The concerns arose from sexually motivated behaviour, an abuse of trust and underlying attitudinal concerns. The panel was unable to formulate conditions that would adequately address those concerns or sufficiently protect the public and meet the wider public interest.

The panel next considered whether a suspension order would be sufficient. It recognised that suspension would temporarily prevent Mr Laing from practising. However, it considered that the conduct was too serious for a suspension order to adequately address the regulatory concerns. In particular, the conduct was sexually motivated, repeated, involved a serious breach of trust and resulted in Mr Laing being placed on the Sex Offender Register. The panel also remained concerned about his limited insight, lack of remediation, lack of engagement with these proceedings and the continuing risk of repetition.

The panel had regard to the SG particularly SAN-4 *'Sanctions for the highest risk cases*' in particular relating to sexual misconduct and noted the seriousness with which such behaviour is viewed, particularly where it creates risks to others, undermines public trust and confidence and raises concerns about professional boundaries. It also took into account the relevance of Mr Laing's placement on the Sex Offender Register when considering whether he could safely return to unrestricted practice.

The panel concluded that Mr Laing's conduct was fundamentally incompatible with him remaining on the register. It considered that anything less than a striking-off order would fail to protect the public, maintain public confidence in the nursing profession and declare and uphold proper professional standards. A suspension order would not, in the panel's view, adequately mark the seriousness of the conduct or satisfy the wider public interest.

The panel therefore determined that a striking-off order was the only appropriate and proportionate sanction in this case. It was satisfied that the public interest in maintaining confidence in the nursing profession and upholding proper professional standards outweighed Mr Laing's interests in remaining on the NMC register.

The panel therefore directs the registrar to strike Mr Laing's name off the NMC register.

Interim order

As the striking-off 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 Laing's own interests until the striking-off sanction takes effect.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

The panel was satisfied that an interim order was necessary for the protection of the public and was otherwise in the public interest. In reaching its decision, the panel had regard to the seriousness and nature of Mr Laing's conviction and to the reasons set out in its decision for imposing the substantive striking-off order.

The panel considered that Mr Laing's conviction and had regard to its findings concerning his significant lack of insight and the fundamental attitudinal nature of his offending behaviour. The panel considered that it would be inconsistent with its substantive decision to permit Mr Laing to practise unrestricted during the 28-day appeal period.

The panel also determined that an interim order was otherwise in the public interest. Given the seriousness of the conviction and the panel's conclusion that Mr Laing's conduct was fundamentally incompatible with remaining on the NMC register, the panel considered that public confidence in the nursing profession and in the NMC as its regulator would be

undermined if no interim restriction were imposed pending the substantive order taking effect.

The panel considered whether an interim conditions of practice order would be sufficient. However, for the same reasons identified in its substantive determination, it concluded that there were no relevant, proportionate, workable or measurable conditions that could adequately address the concerns. The offending behaviour occurred outside Mr Laing's professional practice and the concerns identified were fundamentally attitudinal in nature. The panel therefore determined that an interim conditions of practice order would not be appropriate or proportionate.

The panel therefore imposed an interim suspension order for a period of 18 months. It considered that this was necessary to protect the public and was otherwise in the public interest during the appeal period and, in the event of an appeal, while that appeal is determined. The panel considered that an interim suspension order was consistent with, and necessary to give effect to, its substantive decision that nothing short of removal from the NMC register was sufficient in this case.

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

That concludes this determination.