

Safer care for Scotland

A manifesto for change

The next Scottish Government will face major challenges improving health and social care services including funding, workforce shortages and safety.

There has been positive progress [investing in health innovation](#) and tackling risks in [non-surgical cosmetics](#). However, with inquiries including Eljamel and Scottish Hospitals underway, alongside the national review of maternity services, concerns remain over the safety and quality of care.

Alongside increasing pressure to accelerate integration of health and social care and to move to a more preventative approach, the regulatory frameworks underpinning all of this have never been more under the spotlight.

With the right government policies, professional regulation can enable change and support the safe transformation of health and social care services, as well as a move to a more collaborative, preventative model of regulation and healthcare.

Priorities for the next Scottish Government

- 1 Tackle the health & care workforce crisis
- 2 Close the safety gaps
- 3 Support regulation to improve workplace culture and enable a preventative approach

↑55%

increase in serious
patient safety incidents in
Scotland's health service
in the last four years

The overarching issues

Tackle the health and care workforce crisis

What is the problem?

- **14.4%** of GP practices in Scotland report a vacancy and there is a **14.4%** consultant vacancy rate.
- There is a vacancy rate for registered nurses of **2.7%** and an absence rate of more than **7%** across Scotland.
- The percentage of people reporting mental health conditions has more than doubled in Scotland, and **22%** of permanent general psychiatry consultants left the workforce between 2014 and 2024.

What can the next Scottish Government do?

- **Develop a robust regulatory strategy to guide decisions on oversight for health professionals** – one that supports the successful delivery of Scotland's workforce plan and proactively manages risks arising from workforce changes.
- **Push for a level playing field for the PSA Accredited Registers Programme** – ensuring an equivalent legislative and policy framework to help actively manage risk, including considering mandating registration for critical areas like mental health and healthcare science.



14.4% of GP practices in Scotland report a vacancy



22% of permanent general psychiatry consultants left the workforce between 2014 and 2024



Close the safety gaps

What is the problem?

- The public is at risk from unsafe, unregulated non-surgical cosmetic procedures with **70%** experiencing lasting side effects from Botox injections in a [recent survey](#) of consumers who had experienced complications.
- Serious patient safety incidents in Scotland's health service have risen by **55%** in [four years](#).
- A [national investigation into maternity services](#) is underway following serious concerns raised about the safety of maternity services in Scotland.

What can the next Scottish Government do?

- **Put safety first** – maintain the momentum in introducing a licensing scheme for non-surgical cosmetic procedures promptly to address the existing public protection gap.
- **Learn from past mistakes** – create a unified process and accountability mechanism so that learning from every major inquiry across Scotland and the UK leads to real, measurable change.



A national investigation into maternity services is underway



The public is at risk from unsafe, unregulated cosmetic procedures

Support regulation to improve workplace culture and enable a preventative approach

What is the problem?

- **Scotland continues to have the lowest life expectancy across the UK** and the burden of disease in deprived areas in Scotland is **48%** higher than the mean population rate.
- **Whistleblowers are facing ongoing challenges** in speaking up about healthcare harm within the Scottish NHS in the face of unsupportive managers.
- We are **failing to learn from complaints** about care:
“I made my complaint very clear. I want action, not words, not... I don’t want even the word compensation mentioned. I don’t want any of that. I want someone else to get a better standard of care.”
Complainant, Barriers to complaints (PSA research, 2025)

What can the next Scottish Government do?

- **Accelerate modernisation** – fast track the four-country reform programme to overhaul healthcare professional regulation to allow regulators to support ambitious prevention goals.
- **Demand accountability and consistency** – review accountability and regulatory arrangements for senior leaders and managers and aim for consistent standards across the UK.
- **Joined-up accountability** – support strategic reflection on the right balance between employer and regulator remits and responsibilities.



Scotland continues to have a lower life expectancy across the UK



Whistleblowers continue to face ongoing challenges in speaking up

How can professional regulation help?



- The legislation for several of the regulators we oversee, starting with the General Medical Council (GMC), is due to be modernised. This could enable them to deal with complaints in a more agile, proportionate way – and PSA oversight can help make sure that we don't roll back on public protection during a time of change.
- Many regulators and Accredited Registers are supporting workforce ambitions by sharing data and working to align their regulatory requirements with those of employers. The UK Government has asked all regulators to review their revalidation processes to better support continuous development.
- The PSA is introducing a new unified set of Standards for regulators and Accredited Registers to promote consistency across the regulated and unregulated workforce and support regulators in moving to a more preventative approach, tackling harm before it occurs.
- The new Standards will include a focus on improving access to complaints processes and ensure learning from complaints can help drive regulatory improvements.

Contact us

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