



ROYAL  
COLLEGE of  
PHYSICIANS of  
EDINBURGH

## **Response from the Royal College of Physicians of Edinburgh to Scottish Labour’s Scottish Policy Forum “Focus on the Future”**

The Royal College of Physicians of Edinburgh (“the College”) is an independent medical standard-setting body and professional membership organisation. We aim to meet doctors' professional and educational needs and promote clinical standards, patient safety and public health. We strive to guide and influence health policy and represent our members' views. The College has a strong UK and international presence with over 14,500 Fellows and Members in over 100 countries – including in every part of the UK. The College welcomes the opportunity to take part in this call for views ahead of the 2026 Scottish Parliamentary elections.

### Workforce

Support for and investment in the NHS workforce- including investment in primary care- must continue to be an ongoing priority of health policy with a particular focus on retention and recruitment. Alongside the Royal College of Physicians of London and Royal College of Physicians and Surgeons of Glasgow we conduct an annual physicians’ census. The most recent census found 59% of UK consultant physicians reported that they have at least one consultant vacancy in their department while 62% reported daily or weekly trainee rota gaps when on acute duty over the past year<sup>i</sup>. Time pressures are also preventing many doctors from conducting clinical research, essential to improve patient care and outcomes<sup>ii</sup> and are preventing adequate time for educational supervision and training resident doctors.

We recognise that there a wide range of factors that impact on workforce retention and recruitment - from terms and conditions to international competition for physicians- and we would encourage all parties to commit to engaging with all health workforce professional and membership organisations, including the Medical Royal Colleges, to develop strategies to boost retention and recruitment.

We consider it is essential that NHS employers “get the basics right” to improve staff wellbeing. This includes providing adequate facilities for rest (e.g. after night shifts), spaces to carry out non-clinical work, and easily accessible hot food and drink so staff can keep refreshed during their shifts.

We also consider that it is vital that the most accurate and comprehensive workforce modelling is developed to allow us to plan as effectively as possible.

Time and resources must also be made available to ensure the highest standards are maintained in the teaching of clinical medicine, in postgraduate training and in educational supervision. If student numbers are increasing, the number of teachers and educators must go up to ensure we have a highly trained workforce.

In terms of the role of Physician Associate (PA), we were the first Medical Royal College to call for a pause to the rollout of PA workforce expansion. We welcome the current independent review being undertaken at UK level by Professor Leng which the Scottish Government plans to contribute. We wish to see all issues relating to patient safety, scope of practice, supervision and the impact on training of doctors resolved before any further expansion.

## Social care

The College has consistently argued that reform of the social care system and addressing the very significant capacity and staffing challenges within it must take place alongside NHS reform and indeed is key to the success of future NHS reform. Currently we have historically very high levels of delayed discharge which are impeding patient flow throughout the acute hospital system, not least in accident and emergency units. Tackling delayed discharges must be a policy priority- not only in the interests of the patients affected and their families but in order to improve the efficiency and productivity of NHS services- and this means expanding services available to care for people at home and to provide residential care places with robust workforce planning in the social care sector.

The College has consistently called for reform of the Adults with Incapacity (Scotland) Act 2000 and in the recent consultation on amending the Act we supported strongly the proposal that those patients who are a delayed discharge from hospital and who are currently going through the guardianship process, could be moved out of an acute setting and into a more appropriate care setting. We hope this can be implemented as quickly as possible as this could benefit patients as well as helping to reduce delayed discharge levels since nearly 20% of all delayed discharges in hospital are recorded as being adults with incapacity

## Prevention

As members of the NCD Alliance Scotland, we believe that moving from sickness to prevention and taking forward comprehensive preventative health policies must be a policy priority and is essential in reducing the high levels of health inequalities in Scotland's communities. We fully support plans for a smokefree generation and for restrictions on vaping and recommend that these be enacted as soon as possible.

As our population continues to age, a much greater focus is required on the earlier identification of frailty to allow for opportunities for the promotion of activities that can increase independence and wellbeing. The role of community rehabilitation is very important here.

Reducing the increasing levels of obesity (according to the Scottish Health Survey 2023 almost a third of adults, 32%, were living with obesity, the highest level recorded and an increase from 24% in 2003) is one of the greatest challenges we face. Obesity is directly linked to a wide range of serious health conditions including type 2 diabetes, cardiovascular disease, liver and respiratory disease and cancer, not to forget the impact on joints and walking leading to chronic pain. Childhood obesity remains a very serious concern with 30% of children being at risk of overweight, including obesity. The implementation of restrictions on promotions of foods HFSS and, in addition, a review of how government can incentivise the promotion of healthier foods and ensure they are affordable for all should be encouraged. At UK level, we support calls to introduce a sugar and salt reformulation tax to change the fiscal incentives in the food system to better support healthy diets. We are members of the Scottish Obesity Alliance and support the five priority areas they have identified for 2026 manifesto, namely restrictions on HFSS promotions, ensuring affordable healthy food access for all, regulation of outdoor food and drink advertising, addressing sports and event sponsorship by food companies and creating environments that support active transport.

Problems associated with alcohol consumption continue to be a challenge for health services across the country, as demonstrated by the levels of alcohol-related hospital admissions. We urge the government to build on the success of Minimum Unit Pricing for Alcohol and support all

actions that seek to reduce alcohol-related harms, including examining restriction on marketing and alcohol sponsorship.

The College has consistently supported the concept of safer drugs consumption facilities, as well as other interventions such as the rollout of a heroin-assisted treatment programme across Scotland, to reduce the unacceptable level of drug deaths.

In terms of drugs policy, in 2021 we published a major report *Drug Deaths in Scotland: an increasingly medical problem*<sup>iii</sup> backing safer consumption facilities - along with a number of other policies including the rollout of a heroin-assisted treatment programme across Scotland. We hope that the Glasgow safer consumption facility may be replicated in other parts of Scotland following appropriate assessment.

For the whole prevention agenda, the College also considers that parties must consistently make the argument publicly that it will take time and adequate resources and education for preventative policies to deliver the desired improvements in population health and associated savings. These improvements are essential to reducing pressures on our NHS in the future.

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<sup>i</sup> <https://www.rcpe.ac.uk/news/college-calls-workplace-improvements-be-priority-new-government>

<sup>ii</sup> <https://www.rcpe.ac.uk/news/call-doctors-have-more-ringfenced-time-clinical-research>

<sup>iii</sup> [https://www.rcpe.ac.uk/sites/default/files/drugs\\_deaths\\_in\\_scotland\\_report\\_final\\_2.pdf](https://www.rcpe.ac.uk/sites/default/files/drugs_deaths_in_scotland_report_final_2.pdf)