



ROYAL  
COLLEGE of  
PHYSICIANS of  
EDINBURGH

# Health Priorities:

Scottish Parliament election 2026



Invest in the medical workforce



Urgently support health services



Invest in and integrate adult  
social care



Use new technology to modernise  
health services



Improve population health  
across the nation

# About the College and our work

The Royal College of Physicians of Edinburgh ('the College') is a registered charity, which helps qualified doctors to pursue their careers in specialist (internal) medicine through medical examinations, education and training. We also provide resources and information to support and facilitate professional development for doctors throughout their careers.

We have a strong UK and international presence with nearly 15,000 Fellows and Members in over 100 countries – including in every region of Scotland – covering 54 medical specialties and interests. Our offering to politicians is the expertise of our Fellows and Members, who can provide insights into what is happening 'in the trenches' of our NHS – as well as offering solutions to the challenges our NHS is facing.

Alongside our commitment to lifelong learning, we are motivated by influencing health policy at the highest level, with the aim of maintaining and improving standards of patient care. We engage with government ministers, civil servants, parliamentarians across all political parties, researchers, health authorities and other charities with shared mutual interests. We value health equality, environmental sustainability in our health system and anti-racism.

We are proudly independent and neutral, and that applies to our influencing approach. We provide our Fellows and Members – the doctors working on the front line of the health service – with a platform to express their expert opinions about a wide range of health-related topics. We use these opinions to inform our policy positions.

# Why this election matters

This is a pivotal time for our NHS. Questions over its financial sustainability loom<sup>1</sup>, while healthcare workers continue to deliver care outcomes under intense pressure – with consultant shortages leading to unfilled vacancies, rota gaps and burnout for existing consultants. This all contributes to rising waiting lists for elective appointments and procedures. Meanwhile, the social care sector has been dealt blow after blow. Visa changes, low pay and Brexit have impacted recruitment in the sector, resulting in under-staffed care homes and delays in securing care packages for vulnerable people. This in turn contributes to delays in discharge from hospital, slow patient flow within hospitals and long 'trolley waits' to enter hospitals, even for patients with acute illnesses. These shortcomings mean poorer care outcomes for the population we serve – and the number of people using private healthcare is on the rise, with 29% of people saying that they or someone else from their household has used private care<sup>2</sup>.

We can take lessons from the Darzi report, published in September 2024, which outlined three strategic shifts towards futureproofing the NHS in England: from hospital to community, from analogue to digital and from sickness to prevention<sup>3</sup>. The College agrees with this approach and we have consistently urged the NHS in Scotland to follow suit. Many of our policy recommendations are focused around these three ambitions, indicating how seriously we take them. Scotland's political parties should take them seriously, too. The Health and Social Care Renewal Framework, published by the Scottish Government in June 2025, is a step in the right direction towards following the Darzi 'three strategic shifts' and we are encouraging the Scottish Government to continue down this route<sup>4</sup>.

While the immediate challenges facing our health and social care systems must be urgently addressed – including waiting times for treatments and elective surgery – the 2026 Scottish Parliament election is an opportunity for the political parties to set out their long-term vision. As such, we are asking the political parties to address five crucial questions ahead of polling day. We are encouraging members of the public and healthcare workers to ask these questions of politicians, too.

1. What is your plan to sustainably fund the NHS, long term?
2. How will you prioritise the prevention of ill health and integrate healthcare, while protecting acute care?
3. How will you attract more people to study medicine and stay in Scotland to practice it?
4. Will you publish a workforce plan, which is long overdue?
5. How will you fund the technology revolution needed to introduce AI and telemedicine, and to bring basic computer systems up to the basic required standard?

## The National Conversation

The current Scottish Government has indicated a commitment to a 'national' conversation about the future sustainability of the NHS in Scotland. It remains uncertain who this conversation would involve and whether it would cover the future means of funding of the NHS, the political model applied to the management of health and social care in Scotland, or simply focus on the best use of resources derived from the current funding model. Unfortunately, no such conversation has yet occurred.

The College believes that the principles of the NHS are seriously threatened if current funding levels remain unchanged. That is, we do not believe that we can adequately fund all healthcare for everyone in Scotland, all of the time, within the current funding envelope. We do not support the concept of privatising the NHS. However, we do acknowledge that private provision is already increasing by default in some areas. We are clear that any future discussions about changing the way the NHS is funded should include the public, as well as politicians, physicians and other healthcare professionals.

We believe that there cannot be meaningful reform of NHS services without political reform. That is, for as long as healthcare policy is made on a short-term basis, and that policymaking is vulnerable to influence by 'party politics', it will be difficult to create change of the form and scale that will materially alter the current challenges in our health and social care system. We ask politicians from all Scottish political parties to commit to a new consensus model for policymaking in health and social care. This should be characterised by a commitment to collaborative, cross-party working with longer-term policies and longer-term goals.

## Assisted dying

While the College has no organisational stance on assisted dying, we note the recent moves in Scotland towards legalising it. We will continue to highlight the impact of this on physicians and on services. We are emphasising the need to improve and expand palliative care, while recognising the complex ethical, legal, and clinical burdens that assisted dying legislation might place on physicians (e.g. the responsibility for ensuring no coercion or assessing a person's mental capacity). There is a need to protect physicians' freedom to conscientiously object, and we suggest that participating in assisted dying ideally should be 'opt in' rather than assumed.

Regarding eligibility criteria, we argue that these must be drawn with great precision (e.g. defining terminal illness, life expectancy and mental capacity). There are also the risks of prognostic uncertainty: predicting someone's life expectancy (e.g. 'six months or fewer') is often inexact, which could challenge eligibility rules. As such, rigorous safeguards, oversight, transparency, and regulation in any system that permits assisted dying will be required. Ultimately, assisted dying services must not divert resources from existing end-of-life care, and equitable access is required so that poorer or 'remote' communities are not disadvantaged.

# Our priorities for the Scottish Parliament 2026 election

**1** | Invest in the medical workforce 

**2** | Urgently support health services 

**3** | Invest in and integrate adult social care 

**4** | Use new technology to modernise health services 

**5** | Improve population health across the nation 



## 1 | Invest in the medical workforce

Put simply: Scotland does not have enough doctors. This is indicated by the rising agency spending on locum doctors (£129.6 million per year according to NHS Turas data published in June 2024) and the general trend of whole time equivalent (WTE) consultant vacancies remaining high according to official data. This equates to a disruptive and potentially dangerous impact on patient care. For example, as of 31 December 2025, there were 37,930 people waiting more than a year (52 weeks) for a new outpatient appointment, down from previous months, and 25,011 people waiting more than a year for inpatient or day-case treatment. This is far too many. Meanwhile, consultant shortages, while impacting patient care, also affect the workload and wellbeing of current medical staff, as well as the teaching and training of other medical and healthcare staff. The shortages are leading to rota gaps of over 20%, which equals higher

workloads for existing medical staff and a higher probability of work-related stress and burnout.

The College is calling on the next Scottish Government to publish a workforce plan, which is critical to ensuring that there are enough doctors and multidisciplinary healthcare colleagues to meet service and population demand – especially in our underserved rural and island communities. We do acknowledge, however, that this will not address the immediate challenges. Therefore, steps must be taken to address Scotland's overreliance on agency and locum staff, and to support the medical workforce to train, teach and research and continue delivering the gold standard of medical care. We are proposing a mix of long-term and short-to-medium term measures to help achieve this. Patient care planning should be the starting point, and workforce planning can flow from this.

### Recommendations

- **Publish a workforce plan:** a proper workforce plan will ensure that the NHS in Scotland has enough trained doctors to meet service and population needs. While we welcome increases to the number of medical school places in Scotland, this should be matched by increasing the number of medical training places in Scotland to avoid 'bottlenecks' and 'brain drain' to other health systems. Island and rural communities, particularly, require more medical staff than are currently available. A full assessment of care and workforce needs is essential to inform the future workforce compilation, while considering less than full time training (LTFT) and ensuing realistic and meaningful career progression opportunities.
- **Improve workforce wellbeing:** political parties should ensure that NHS employers 'get the basics right' to improve staff wellbeing. This includes providing adequate facilities for rest (e.g. after nightshifts), spaces to carry out non-clinical work, and easily accessible hot food and drink – at all times of day – so staff can keep refreshed during their shifts.
- **Phase out 9:1 contracts:** While we recognise the current pressures on NHS services, freeing consultants to teach, train and research by enabling more supporting professional activities (SPAs) can benefit the NHS by encouraging better recruitment and retention within Scotland. We welcome the recent publication of *DL (2025) 21 – Job Planning Guidance*, which encourages health boards to avoid advertising 9:1 DCC: SPA splits. We will be monitoring progress in this area.
- **Better job planning:** proper job planning at all levels is needed. Employers should offer flexible training and flexible working arrangements, enabling time for essential education and training, clinical leadership, quality improvement, and governance. The great expertise that consultants bring as leaders should be recognised, as many of them have significant responsibilities for innovation of services and their ongoing development – including the use of AI in medicine and other new technologies.
- **Reduce manual administration:** by reducing the administrative burden on doctors, through the streamlining of mandatory training processes, simplifying appraisal and revalidation, and reducing paperwork, employers can free up our doctors to focus on patient care. For example, by ensuring easier access to patient case files, consultants could have less day-to-day administration and bureaucracy.
- **Better retirement policies:** we urge a commitment to improving retire and return arrangements, through clearer and more consistent policies. By facilitating flexible approaches including access to remote working and portfolio job plans, NHS employers can make it easier for doctors to come back to the NHS, which can help to fill vacancies and rota gaps.

## 2 | Urgently support health services

Scotland's elective waiting lists remain under sustained pressure, with an estimated 517,415 ongoing waits for an outpatient appointment or treatment at 31 December 2025 (down from higher levels earlier in the year), and long waits of more than 52 weeks still persistent – including 37,930 outpatient waits and 25,011 inpatient/day-case treatment waits – underscoring the scale of the challenge against the Scottish Government's pledge to eliminate waits longer than 12 months by March 2026.

Meanwhile, analysis by the Royal College of Emergency Medicine, supported by the Royal College of Physicians of Edinburgh, revealed that in major emergency departments (EDs), one in every eight patients (51,423) aged 60 or over waited more than 12 hours to be transferred, admitted or discharged in 2024. That's 14,407 more patients than the year before (2023). And it is over 16 times more people than in 2019 when just 3,135 older people endured waits of this length. The figures, obtained via Freedom of Information requests to Public Health Scotland also revealed that, concerningly, the older a patient is, the longer they are likely to wait in

A&E. For example, people aged 70–79 have a 12% chance of waiting 12 hours or more – almost 16 times higher than in 2019.

Delayed Discharge data for Scotland in the financial year ending 31 March 2025 indicate that a daily average of 1,973 patients were delayed in hospital. Delayed discharges are often caused by a lack of social care or rehabilitation in the community. The impacts of delayed discharges on patients and on the NHS are significant. Research shows that frail, older patients are more at risk of infection when their stay at hospital is prolonged. These patients are also likely to become frailer and more confused, particularly those already living with cognitive decline. Furthermore, when discharge from hospital – often referred to as the 'back door' of the NHS – is delayed, this can result in backlogs in Accident and Emergency (A&E). Complicating the matter is that an inpatient awaiting the completion of a legal guardianship process is forced to wait in hospital for several months in many instances<sup>5</sup>. Reducing delayed discharges must be a priority for the next Scottish Government, including lengthy guardianship delays.

### Recommendations

- **Increase community care capacity:** Scotland's political parties should commit to investing in community care services, including home care support and residential care facilities, to ensure that patients have appropriate care options available upon discharge. Great attention must be given to the terms and conditions of the social care workforce both nationally, but also in island and rural areas where staff are harder to attract, resulting in the need to deploy expensive agency staff to care settings in these communities.
- **Follow through on walk-in GP services:** the College supports investment in GP services, including the Scottish Government's commitment to create walk-in GP services, to support peoples' health locally. The Scottish Government must follow through on this commitment, ensuring that improved service outcomes are achieved, closely working with and supporting GPs.
- **Enhanced coordination between care providers:** funding to improve the coordination between hospitals, social services, and community care providers can streamline the discharge process and reduce delays. While we welcome the expansion of Hospital at Home in Scotland, the College requests that care is taken to ensure that people using the service get the support they require including safe staffing levels.
- **Investment in technology:** implementing advanced technology systems to track patient progress and assist with discharge planning could improve efficiency and communication between different care providers.
- **Support for family caregivers:** providing financial support and training for family caregivers can enable more patients to be cared for at home, reducing the reliance on hospital care. Family carers are delivering care under challenging circumstances as according to the Carers UK State of Caring 2024 survey, 61% of unpaid carers are worried about living costs and managing in the future, and over a third (35%) do not feel confident they will be able to manage financially over the next 12 months.
- **Guardianship:** the prolonged period needed for a person to undergo guardianship should be resolved as part of the Mental Welfare Commission Review into the Adults With Incapacity (Scotland) Act.





### 3 | Invest in and integrate adult social care

Adult social care is an essential part of the healthcare system, as it enables people to continue receiving the care they need, in an appropriate setting outside of hospital. One of the greatest barriers to patient flow and timely discharge from hospital is the lack of staffed social care beds in the community, and the lack of care packages available for people to return home – or to another appropriate care setting. As Scotland's population continues to get older on average, it is vital that adult social care is properly resourced and staffed. Yet the social care sector in Scotland is under great strain and this will likely be exacerbated because of

recent UK visa changes. Under the new policies, with implementation beginning in April 2025, employers in care are now required to prioritise and exhaust domestic recruitment efforts before sponsoring any new overseas candidates<sup>6</sup>. There are also increased charges associated with sponsorship of overseas workers and care workers must now have lived in the UK for 10 years to qualify for full residence – up from 5 years previously. The recruitment of overseas care workers has been made more challenging, to the detriment of Scottish rural and island care providers, in particular.

#### Recommendations

- **Boost international recruitment:** Scotland's political parties must encourage the UK Government to reverse proposals to restrict the recruitment of overseas care workers. The College believes that these policies will harm recruitment in adult social care. Alternatively, we are calling for visa processes to be streamlined and we support ethical recruitment from overseas.
- **Improve funding settlements:** the next Scottish Government should move away from short-term grants by committing to multi-year investment plans for local authorities and care providers. We urge the next Scottish Government to protect social care budgets to prevent reallocation to other services.
- **Invest in social care workers:** government must invest properly in the social care workforce. The next Scottish Government should support the adult social care workforce by valuing them on pay and on other conditions – for example, by introducing national pay scales to ensure that care workers receive wages comparable to NHS roles.
- **Fully fund complementary services:** we want to ensure that plans to increase the use of virtual wards and Hospital at Home Services are fully implemented. These new services should be in addition to and not instead of current provision and further investment in staffing to support these services is required.
- **Invest in technology:** smaller care providers should be supported in adopting digital care planning tools, remote monitoring, and scheduling apps. We must use data analytics to predict demand and manage staffing more efficiently in Scotland.
- **Support unpaid carers:** the next Scottish Government should commit to continually reviewing and developing employment regulations surrounding care leave to ensure that unpaid carers – particularly those in employment – are given time to care. We also call for an expansion of services to reduce burnout among unpaid carers. As the Scottish population average age continues to increase, policies to support unpaid carers will become ever more critical.

## 4 | Use new technology to modernise health services

New technology could revolutionise healthcare in ways we once only dreamed of. From AI-powered analytics to robotic surgeries, digital innovations could transform patient care, making treatments more precise and efficient. However, before the Scottish Government invests heavily in emerging and untested technologies, we strongly recommend that the existing NHS computer hardware and software capability is improved first, and that there is interoperability between secondary and primary care, and health and social care. Fragmentation of existing medical, social and other databases often leads to duplication of work and inefficiency for medical professionals.

Of the newer technologies, telemedicine holds much promise. Remote consultations allow patients to connect with doctors from

anywhere, reducing waiting times and increasing accessibility particularly for underserved groups in rural and island populations. Devices like smartwatches can track heart rate, oxygen levels, and activity, helping individuals monitor their health proactively and this may contribute to better care in specific circumstances. AI diagnostic and triage assistants may prove useful decision support tools, however they cannot be used in isolation and still require additional expert human judgement. As such, we will still rely on having enough qualified doctors to interpret results, make diagnosis, design and implement treatment plans, explain investigation results and discuss care plans with patients.

### Recommendations

- **Improve NHS hardware and software:** the existing NHS computer hardware and software capability should be improved. Interoperability is needed between secondary and primary care, and the NHS and 'social care' sector.
- **Offer more remote consultations:** AI-powered remote consultations should be expanded, especially for rural, island and underserved areas. AI-powered chatbots and digital therapy platforms to support mental health accessibility can benefit people across Scotland.
- **Integrating AI into early disease detection:** clear guidelines should be established for using AI in medical diagnostics, to enhance early detection of diseases. The political parties should support funding for AI-driven medical trials to validate their effectiveness before widespread implementation.
- **Ensure national AI standards:** the next Scottish Government should create a national standard for AI-enhanced Electronic Health Records (HER) systems that improve data access and coordination among healthcare providers. The government should ensure that all health technology systems can securely communicate with each other to improve patient care efficiency.
- **Improve workforce management:** AI-driven staff scheduling can be used, such as predictive algorithms to optimise workforce management, ensuring that hospitals have the right staffing levels. We want AI-assisted administration tools to be introduced, which can reduce the burden on healthcare professionals and free up time for patient care.
- **Build strong AI governance systems:** the next Scottish Government should require AI systems in healthcare to explain their recommendations, ensuring doctors and patients understand outcomes. Mandatory AI auditing should be implemented to prevent biases in medical decision-making. Data security laws must be strengthened to ensure that AI-driven health solutions comply with privacy regulations.
- **Develop AI-assisted drug discovery:** the next Scottish Government should fund research into AI-assisted drug discovery, precision medicine, and robotic surgeries. We should encourage collaboration between tech firms, universities, and the NHS to drive innovation. This is the way forward for our health system.





## 5 | Improve population health across the nation

The College remains deeply concerned about current trends in ill health and persistent health inequalities in Scotland. Smoking, poor diet, physical inactivity, substance misuse and air pollution are major drivers of preventable ill health and premature death. In 2024, Public Health Scotland reported that men and women in the most affluent areas lived in good health for nearly 26 years longer than those in the most deprived communities<sup>7</sup>.

In 2023, two-thirds of adults in Scotland were overweight or living with obesity, and almost one in three adults had obesity – the highest level recorded in the Scottish Health Survey. Around 30% of children were also at risk of overweight or obesity<sup>8</sup>. While 63% of adults met recommended physical activity levels, only half of those in the most deprived areas did so, highlighting stark inequalities<sup>9</sup>. Substance misuse also remains closely linked to deprivation, while smoking rates

were more than four times higher in the most deprived areas than in the least deprived, and 40% of Scottish 15-year-olds have tried e-cigarettes. Alcohol-related harm is also a persistent challenge: 1,277 alcohol-specific deaths were recorded in 2023 – the highest since 2008 – and people in the most deprived areas were seven times more likely to be admitted to hospital for alcohol-related conditions<sup>10</sup>.

Climate change further threatens health through extreme weather, poor air quality and environmental instability. Although air quality has improved, it still contributes to up to 2,700 deaths annually<sup>11</sup>, with disproportionate impacts on deprived communities<sup>12</sup>. The NHS accounts for 4% of UK carbon emissions, and the College continues to support action through practical guidance for the medical profession, through documents like *Climate change: what healthcare professionals can do*<sup>13</sup>.

### Recommendations

- **Extend food and drinks restrictions:** we welcome recent proposals to begin restricting the promotions of food and drinks high in fat, sugar or salt (HFSS), but would also like to see these apply to meal deals and temporary price promotions. By removing temporary price promotions from the list of restrictions, industry can use creative sales and marketing strategies to promote ultra-processed foods (UPFs) to consumers.
- **Promote healthy food:** we call for a focus on the affordability of healthier foods, with the Scottish Government working closely with supermarket industry to support the incentivisation of promotions on healthier food products and to increase the accessibility to and availability of these.
- **Boost physical activity:** local authorities should be supported so that they can offer genuinely affordable access to leisure facilities, including in our most deprived communities.
- **Do more on smoking:** more must be done to tackle the availability of tobacco and related products, including e-cigarettes, through developing a plan to reduce the number of premises and registrations for selling tobacco and/or related products, as other countries are doing.
- **Tackle nicotine consumption:** the next Scottish Government should work with governments elsewhere in the UK to reduce, and eventually remove, nicotine from tobacco products. We urge caution around the recent rise in the consumption of nicotine pouches, as the evidence of their impact is still emerging.
- **Reduce alcohol-related harms:** we support policies including restricting alcohol marketing, the introduction of mandatory labelling for alcoholic drinks, and the concept of a legal mechanism to uprate the Minimum Unit Price in line with inflation. Additionally, we call for investment in the most effective support services for people with alcohol dependency.
- **Take action on air quality:** the next Scottish Government should commit to adopting the 2021 WHO guidelines on air quality and set out a plan and timescale to meet these. Alongside this, government must increase air quality monitoring across Scotland, starting with our pilot proposal to monitor air quality around urban primary schools<sup>14</sup>.
- **Continue progress on tackling drug deaths:** the College calls for the roll-out of a heroin-assisted treatment (HAT) programme. Clinical trials of HAT show it to be effective in reducing illicit drug use and improving the health and wellbeing of people who use drugs<sup>15</sup>. There's more work to be done, too, on reducing the stigmatisation of people who use drugs – a leading factor in preventing people from seeking help.

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