Explainer
July 2026

professional standards authority
for Health and Social Care

Healthcare Science Right-touch assurance assessment for Scotland: what it is, and how to get involved

In May 2026, the Scottish Government commissioned the Professional Standards Authority for Health and Social Care (PSA) to conduct a Right-touch assurance assessment of the five professional groupings of healthcare science roles. This document provides information about the PSA, how it plans to carry out the work, and how you can get involved.

1. Who is the PSA and why have they been asked to do this work?

1.1 The Professional Standards Authority for Health and Social Care (PSA) is the UK's oversight body for the regulation of people working in health and social care. Our statutory remit, independence and expertise underpin our commitment to the safety of patients and service users, and to the protection of the public.

1.2 There are 10 organisations that regulate health professionals in the UK and social workers in England by law. We audit their performance and review their decisions on practitioners' fitness to practise. We also accredit and set standards for organisations holding registers of health and care practitioners who are not regulated by law.

1.3 We work with these organisations to improve standards. We share good practice, knowledge and our right-touch regulation expertise. We also conduct and promote research on regulation, monitor policy developments in the UK and internationally, and provide guidance to governments and stakeholders. Through our UK and international consultancy work, we share our expertise and broaden our regulatory insights.

1.4 Our core values of integrity, transparency, respect, fairness and teamwork guide our work. We are accountable to the UK Parliament. More information about our activities and approach is available at **www.professionalstandards.org.uk**.

1.5 Under our legislation, ministers of all four UK governments can commission us to advise on matters relating to the regulation of people working in health and social care. It is under this legislation that the then Cabinet Secretary for Health and Social Care for Scotland, Neil Gray MSP, asked us to carry out this work.

2. What is a Right-touch assurance assessment?

2.1 A **Right-touch assurance** assessment is a structured way of deciding whether the

safeguards around a group of professional roles are strong enough to protect patients and the public from any patient safety risks, and if not, what would be the most proportionate way to improve them.

2.2 It does not start from the assumption that statutory regulation is always the answer. Instead, it looks first at the risks linked to the work people do, the settings they work in, and how vulnerable service users may be. It then considers whether those risks are already being managed through existing arrangements such as employer oversight, clinical governance, education and training standards, professional registration, accredited registers, or other controls.

2.3 The aim is to identify any gaps and recommend the least burdensome action needed to address them. This could range from strengthening existing systems to considering changes to regulatory arrangements if that is justified.

3. How will you apply the approach to healthcare science?

3.1 For the healthcare science commission, we plan to use the *Right-touch assurance* approach as the main framework for assessing the five healthcare science professional groupings identified by the Scottish Government in its ***Healthcare Science in Scotland: Redefining our Workforce*** report. These groupings are:

- Engineering Sciences,
- Health Informatic Sciences,
- Laboratory Sciences,
- Physical and Imaging Sciences, and
- Physiological Sciences.[1]

3.2 We will gather and analyse evidence about the level and nature of risk across those groupings, including where current controls appear sufficient, and where there may be unmanaged risks. We will combine that analysis with targeted stakeholder engagement so that our recommendations are practical, sensitive to the context in Scotland, and able to support future workforce development.

3.3 The end result will be an evidence-based set of recommendations which the Scottish Government may use in any discussions with stakeholders and other governments around regulation, and to strengthen assurance where needed.

4. When will the work take place?

4.1 There are four main phases of the healthcare science commission. These are designed to build a robust evidence base, engage stakeholders, and develop clear, proportionate recommendations.

[1] The breakdown of specialisms under each of these groupings can be found at in the graphic at the end of the document.

4.2 The main phases of the work are set out below.

Phase	Planned timings	Aims
Phase 1: Evidence collection and analysis against RTA risk criteria	July – Oct 2026	To make best use of available evidence, and address any key gaps as far as possible, to inform our analysis against the RTA risk criteria.
Phase 2: Development of recommendations for addressing unmanaged risks	Oct 2026 – Nov 2026	To draft an initial set of recommendations for addressing unmanaged risks associated with healthcare science groupings and roles.
Phase 3: Testing and refining of recommendations with key stakeholders	Dec-Jan 2027	To hear from a wide range of stakeholders about our emerging findings and recommendations. This will allow us to anticipate and address potential negative unintended consequences, and to make sure that recommendations would be workable.
Phase 4: Drafting of advice report and submission of final advice and recommendations	Jan-Mar 2027	To present advice setting out areas of likely unmanaged risks associated with healthcare science roles, and recommendations for addressing these.

5. What will happen after the PSA has made its recommendations?

5.1 The PSA will submit the report, and its recommendations to the Scottish Government, who will consider how to take forward possible solutions to unmanaged risks. They have informed us that they will also invite all other countries of the UK to consider what recommendations made could mean for professional healthcare regulation within the UK.

6. How can I get involved?

6.1 We will welcome input from professionals, members of the public, and organisations to this work. The main opportunities to do this will be in Phases 1 (evidence gathering) and Phase 3 (refining recommendations) of this work, though we will likely develop additional opportunities as the work progresses.

6.2 We are currently looking for people and organisations to come forward for the following:

Call for Evidence

6.3 If you believe you hold **data or intelligence** that would help us evaluate the risks associated with each of the professional groupings, or of a specific healthcare science role, we encourage you to complete our **data screening questionnaire**. This will help you, and us, decide whether you have the kind of information that we need – if you do, we will then issue you with a full request for data, most likely early August.

6.4 We will be looking for: quantitative data; research papers; relevant lived experiences or observational evidence that could help us understand the nature of any safety gaps. We would welcome data and intelligence that relates to the wider UK and international contexts, as well as Scotland. We will then invite those organisations with significant data contributions to make to join our **Evidence Working Group**. This group will help us make the most of the data gathering and analysis phase of the project, and will therefore be most active during Phase 1 – though we may also want to come back to it later if further questions arise about the evidence at later stages**.** We ask that you complete the screening questionnaire **by midnight on Sunday 9th August.**

Community of Interest

6.5 We are also setting up a **Community of Interest**, which we would like to use as a sounding board throughout the project, and especially during Phase 3. If you would like to become part of this community, we invite you to submit an expression of interest using this **form by midnight on Sunday 2nd August**.

We expect that some organisations or people may find themselves in both groups. Not coming forward now does not mean you cannot get involved at a later stage, however it would help us greatly if you could express your interest at this early stage, using the forms we've linked to above.

Please note that, although we are not requesting personal and/or sensitive data, all the information we receive will be kept in accordance with our privacy policy.

7. Get in touch

7.1 If you have any questions about the project, please contact the PSA at **HCSCommission@professionalstandards.org.uk**. You can also let us know at this email address if you would like to be kept updated on key updates with the project.

7.2 Other ways to get in touch with us can be found at: **Contact us | PSA**.

7.3 More information about how what you can expect when the PSA collects personal data can be found in our privacy statement here: Privacy statement | PSA.

7.4 If you have any queries for the Scottish Government about this work, please contact **officeofthechiefscientificofficer@gov.scot**.

Healthcare Science Groupings