

NHS Ayrshire and Arran response to the Medical Training (Prioritisation) Bill

The Board is broadly supportive of the intent of this Bill particularly its focus on prioritising UK medical graduates for access to postgraduate medical training. We recognise the significant increase in the number of graduates from UK medical schools in recent years, without a corresponding expansion in training posts, and agree that action is required to address this imbalance.

We also welcome the proposed changes in relation to Foundation Programme recruitment. The current mechanisms have led to increasing uncertainty for applicants, delays in allocation and the widespread use of placeholder offers. These arrangements have created additional administrative burden and increased costs for NHS Boards, who have been required to offer and hold a higher number of placeholder posts to ensure sufficient posts for all UK graduates. We therefore support moves that bring greater certainty to foundation allocations for both trainees and employers.

However, the Board has a number of concerns regarding the potential unintended consequences of the proposals in relation to access to postgraduate medical training beyond foundation level.

Like many NHS Boards, we have relied heavily on international medical graduates (IMGs) to sustain safe clinical services, particularly in the period following the COVID-19 pandemic. Many of these doctors made a critical contribution to patient care at a time of exceptional workforce pressure. Under the current proposals, a significant number of these doctors may now find themselves excluded from access to postgraduate medical training, despite having demonstrable NHS experience and having supported service delivery at times of greatest need.

There is also a particular risk to remote and rural areas, where recruitment and retention challenges are long-standing and well recognised. Boards serving these communities are disproportionately reliant on IMGs to fill service gaps. Restricting access to training pathways without appropriate safeguards may exacerbate existing workforce shortages and further widen inequalities in access to care, particularly in sub-specialties such as GP training.

For these reasons, we believe there is an urgent need for clarity and consistency in how “significant NHS experience” is defined and applied. A transparent and nationally agreed definition would help ensure that doctors who have made substantial contributions to NHS services are not unfairly disadvantaged.

In addition, the Board wishes to highlight the impact on UK citizens who have trained overseas. We have supported a number of doctors who are UK nationals, often from local communities, who were unable to secure highly competitive medical school places in Scotland and therefore undertook their undergraduate training in countries such as Hungary, Romania or Poland. These doctors have returned to work within the NHS and have demonstrated strong commitment to serving local populations.

There will be a number of UK citizens currently undertaking undergraduate medical education overseas and these proposals as currently framed risk excluding this group from postgraduate training, despite their close ties to the UK.

Finally, the Board is concerned that without a corresponding increase in the number of post-foundation training posts, there will continue to be a significant movement of doctors out of the UK and overseas. While changes to eligibility and prioritisation may influence competition for existing posts, they will not in isolation address the underlying mismatch between the number of doctors completing foundation training and the availability of core and higher specialty training opportunities. Without expansion at these levels, the Bill alone will not be sufficient to secure the medical workforce required for the future. We therefore strongly support increased training numbers at both core and higher specialty training levels as part of a coherent, long-term medical workforce strategy.

In summary, while we support the overarching aim of prioritising UK graduates and welcome reforms that bring greater certainty to foundation training, we urge that the Bill be implemented with minimal delay in a way that recognises the vital contribution of international medical graduates already working in the UK, safeguards services in hard-to-recruit areas, avoids the unintended exclusion of UK citizens who have trained overseas, and is accompanied by a meaningful expansion of post-foundation training capacity. Addressing these issues will be essential to maintaining a sustainable and effective medical workforce.

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3rd February 2026