

Response from NHS Education for Scotland (NES)

Health, Social Care and Sport Committee – Legislative Consent Motion: Medical Training (Prioritisation) Bill

Introduction

NHS Education for Scotland (NES) welcomes the opportunity to provide written views to the Health, Social Care and Sport Committee on the Legislative Consent Motion relating to the Medical Training (Prioritisation) Bill.

NES has statutory responsibility for the education, training and development of the healthcare workforce in Scotland, including responsibility for the quality and safety of postgraduate medical training. The Executive Medical Director of NES has also been closely involved in discussions informing the development of this Bill. This response reflects both that experience and NES's organisational perspective.

Overall view on the Bill

NES recognises and supports the intent of the Medical Training (Prioritisation) Bill. We support the principle that public investment in medical training should be aligned with population need and long-term workforce sustainability.

From a Scottish perspective, the Bill's focus on improving workforce alignment is consistent with Scottish Government priorities and with NES's role in supporting a safe, high-quality and sustainable medical workforce.

Scottish training context

It is important that the distinctive characteristics of Scotland's medical training system are understood as the Bill is considered.

Scotland has a highly interconnected medical training system, with close alignment between training, service delivery and workforce supply across a geographically large and diverse health system. Resident doctors in training make a significant contribution to frontline service delivery, particularly in smaller hospitals, community settings, and remote and rural areas.

Around 18% of resident doctors in training in Scotland are not UK medical graduates. International medical graduates (IMGs) play a vital role in both training and service provision across Scotland. The numbers of IMGs within each specialty vary such as General Practice where IMGs make up 37% of resident doctors in training. Changes to prioritisation arrangements therefore have the potential to have a proportionately greater impact in some specialties in Scotland.

Scotland already operates managed approaches to workforce planning informed by national workforce intelligence and close collaboration between NES, territorial Health Boards and the Scottish Government.

Potential early and longer-term impacts in Scotland

From NES's perspective, it is helpful to consider how the effects of the Bill may be experienced over time in Scotland.

Given the close relationship between resident doctors in training and service delivery in Scotland, even relatively modest changes could have short-term implications for service resilience in some settings.

In the short term, particularly for the August 2026 recruitment round which is currently open, NES considers there to be a potential reputational risk. Some international medical graduate applicants may be affected by the new prioritisation arrangements and will not have been aware of these changes at the point of application.

At the same time, NES expects the changes to have a positive impact for UK medical graduates. We do not anticipate significant vacancy pressures arising from the 2026 recruitment round, as implementation of the Bill will take effect at the offers stage rather than restricting the overall number of applicants.

Over the medium to longer term, the Bill has the potential to influence the overall shape of the training pipeline and future workforce supply. Realising the intended benefits in Scotland will depend on careful alignment with Scottish workforce planning, ongoing monitoring of impacts, and sufficient flexibility to respond to emerging service and population needs.

Potential risks and considerations

While NES supports the intent of the Bill, we consider it important to highlight several risks that will require active management in Scotland:

Training pipeline stability: changes to prioritisation arrangements may affect the balance between training capacity and service need if not closely aligned to Scottish workforce planning.

Service delivery impacts: given the contribution of resident doctors in training to service provision, particularly in remote and rural areas, unintended consequences could arise if flexibility is reduced.

Impact on international medical graduates: IMGs who have not completed the Foundation programme but working as clinical fellows, may be disproportionately impacted, with potential implications for workforce supply.

Workforce planning uncertainty: while Scotland has established approaches to workforce planning, this is not an exact science. Reliance on resident doctors in

training for service provision means that changes to the training pipeline can have real-time service effects as well as longer-term workforce implications.

What will help the Bill work well in Scotland

From NES's perspective, effective implementation in Scotland will be supported by:

Ongoing engagement with NES on workforce modelling, training capacity and quality assurance.

Active monitoring of impacts on international medical graduates and service delivery.

Alignment with existing Scottish workforce planning and prioritisation processes.

A proportionate, phased and evidence-led approach that recognises the characteristics of Scotland's training system and devolved responsibilities.

NES remains committed to working constructively with the Scottish Government, the UK Government and partners to support implementation in a way that protects training quality, service delivery and workforce sustainability in Scotland.