

NHS Highland response to the Health Social Care and Sport committee consultation on the LCM regarding the Medical Training (Prioritisation) Bill

We welcome the opportunity to comment on the proposed legislation. NHS Highland supports the undergraduate and postgraduate training of Doctors across its sites and board area, and greatly values the contribution of all resident doctors whether UK graduates or internationally trained.

There are a number of factors which we have considered in formulating this response:

- Local Medical students have expressed concern at a perceived uncertainty regarding foundation posts, which has been relayed through supervising clinicians.
- The requirement to offer placeholder posts within foundation programme recruitment this last year led to late notice of posts to both boards and to newly qualified doctors creating some distress and difficulties with practical relocation and accommodation needs. There is also an increasing challenge with supervision capacity which is difficult to plan effectively in the context of the placeholder system.
- We have been aware of increasing levels of concern and decreasing morale within a number of early career doctors regarding the increasing competition ratios and perceived bottlenecks at application to specialty training programme. This was further highlighted in the Future Medical report published in December 2025 which illustrated concerns regarding bottlenecks and career uncertainty amongst early career doctors. We recognise that multiple factors affect competition ratios, and in ensuring a workforce that meets population needs, there will be differing patterns of competition between certain specialties and different regions. Competition per se is not a bad thing, but extreme competition ratios cause distress and risks medical unemployment.
- The WHO have expressed concern about a global shortage of Healthcare workers, including doctors, by 2030. In this context, ensuring a sustainable predominantly domestic pipeline of medical staff development is both important for our health workforce stability but also raises the question of a moral responsibility to ensure other countries healthcare systems are not destabilised by UK recruitment of their domestically trained workforce.
- We recognise that Scotland and NHS Highland has been fortunate to benefit from the contribution and expertise of many internationally trained colleagues

at all stages of their career – and within NHS Highland we greatly value these colleagues. It is important that their essential contribution is respected and they are supported as the proposed legislation may leave them feeling undervalued, uncertain and vulnerable. The proposal to introduce a mechanism of prioritisation as opposed to exclusion is key, and the inclusion of those colleagues who are already in foundation or core training programmes in the prioritised groups is important. For 2027 recruitment, the definition of previous NHS experience will be important to consider carefully.

- We recognise that some specialty training programmes have historically attracted a higher proportion of IMGs than others, and similarly we have experienced differential patterns of recruitment to rural areas. It will be important to monitor any changing patterns of applications and appointments in the context of the proposed changes, and to consider alternative career development routes for colleagues who have been unable to progress through traditional training pathways.

In summary, we recognise the complexity of the current situation and the challenge of ensuring that public investment in UK undergraduate medical training is effective in supporting future workforce while also minimising the risk of medical unemployment. Increasing application rates and competition ratios have increased uncertainty for medical students and resident doctors and potentially impact upon the attractiveness of medicine as a career

We support the proposed application of prioritisation to medical programme recruitment, but recognise the need to support international colleagues working in our system to navigate our current processes, to consider the differential impact across different programmes/specialties and to carefully define the requirements of significant previous NHS experience for 2027 recruitment and beyond.

