

Legislative Consent Memorandum

Medical Training (Prioritisation) Bill

Background

1. This memorandum has been lodged by Neil Gray MSP, Cabinet Secretary for Health and Social Care, in accordance with Rule 9B.3.1(a) of the Parliament's Standing Orders.
2. The Medical Training (Prioritisation) Bill was introduced on behalf of the UK Government by the Secretary of State for Health and Social Care, Wes Streeting MP, in the House of Commons on 13 January 2026. The Bill is available on the UK Parliament website via this link: [Medical Training \(Prioritisation\) Bill - Parliamentary Bills - UK Parliament](https://www.parliament.uk/bills/medical-training-prioritisation-bill-parliamentary-bills-uk-parliament/).

Content of the Bill

3. The Bill makes provision for a scheme of prioritisation in relation to the allocation of medical training places, which would apply to all Foundation Programme and specialty training recruitment processes across the UK, as set out below.
4. For Foundation Programme posts, the Bill establishes prioritisation of UK medical graduates or persons in the priority group (graduates from institutions in Ireland or from some countries with whom existing agreements require the recognition of qualifications and parity in access to the profession).
5. For specialty training posts, the Bill establishes prioritisation of UK medical graduates, persons in the priority group and individuals who have completed, or are currently undertaking, the UK Foundation Programme or other relevant qualifying UK programme. For offers made in 2026, it will also include prioritising individuals with certain specified immigration statuses, as a proxy to capture applicants who have significant experience working in the NHS in England, Scotland or Wales or in Health and Social care in Northern Ireland. For posts starting from 2027 onwards, the immigration status category will not apply automatically but it will be possible to make regulations to specify any additional groups who will be prioritised. This will enable regulations to be made with the intent of capturing those persons with significant experience working as a doctor in the NHS in England, Scotland or Wales or in Health and Social care in Northern Ireland within the group that should be prioritised.
6. The Bill seeks to address the mounting pressures in the UK's medical training pipeline and ensure a sustainable, domestically anchored UK medical workforce. Specifically, the Bill responds to a sharply rising demand for both Foundation Programme and specialty training places from UK and international graduates, which has led to oversubscription, late allocation processes, and a growing "training

“bottleneck” that prevents many UK trained doctors from progressing in their careers. The significant increase in international graduate applicants, exacerbated by post-2020 immigration rule changes, has intensified competition for limited posts and increased the risk that UK graduates leave the NHS or the UK altogether. More detail on the policy objectives is outlined in paragraph 19-30.

7. **Clause 1**, which relates to the UK Foundation Programme, sets out that people with the function of offering places on the UK Foundation Programme must offer places to UK medical graduates or persons in a defined priority group (as defined in clause 4), before offering places to other eligible applicants.

8. **Clause 2**, which relates to specialty training programmes, sets out that for offers made in 2026, the person making the offer must prioritise:

- UK medical graduates;
- individuals in the defined priority group, as defined by clause 4(2) to (4);
- individuals who have completed, or who are currently undertaking, the Foundation Programme or other relevant qualifying UK programme as defined in clause 5(5);
- individuals identified in subsection (2), which lists the people who should be prioritised based on their immigration status. Immigration status is being used in 2026 as a proxy to capture applicants who have significant experience of working in the NHS/health services in the UK nations.

9. **Clause 3**, which also relates to specialty training programmes, sets out that for UK speciality training places from 2027 onwards, when offering interviews and places, decision-makers must prioritise: UK medical graduates, persons in the defined priority group, those who have completed, or are currently undertaking, a relevant qualifying UK programme, and those as set out in regulations. It also sets out that the relevant regulations may only describe persons who, in the opinion of the appropriate authority (see paragraph 12 below), are likely to have significant experience working as a doctor either in the NHS in England, Scotland or Wales or in Health and Social Care in Northern Ireland, or by reference to their immigration status.

10. **Clause 4** defines, for the purposes of the Bill, a “UK medical graduate” and “the priority group”. A UK medical graduate is defined as someone who holds a primary United Kingdom qualification within the meaning of the Medical Act 1983, but does not include a person who has spent all or a majority of their time training for the qualification outside the British Islands. The priority group includes individuals with a primary medical qualification from an institution in Ireland (as long as they spent the majority of their time studying in Ireland) and individuals with a primary medical qualification from an institution in a country listed in subsection (4) (Iceland, Liechtenstein, Norway or Switzerland). Clause 4 also provides that the appropriate authority may by regulations amend the list of countries at subsection (4), in order to comply with any future international agreements that the UK enters into.

11. **Clause 5** defines, for the purposes of the Bill, the “UK Foundation Programme”, “newly registered doctor”, “UK specialty training programme”, “relevant qualifying UK

programme”, and what an “eligible applicant” is in relation to a training programme (noting that the Bill does not interfere with the process for determining eligibility). Note that “UK specialty training programme” excludes the public health specialty training programme (which is open to medical and non-medical applicants) and any specialty programme that takes place mainly outside the UK. The appropriate authority has a power in subsection (4)(d) to specify any other programmes that should be excluded from the definition of “UK speciality training programme”.

12. **Clause 6** (Regulations: general) defines “the appropriate authority” for the purposes of this Bill. In relation to medical training programmes anywhere in the United Kingdom, “the appropriate authority” is the Secretary of State; in relation to medical training programmes in Wales, it is the Welsh Ministers; in relation to medical training programmes in Scotland, it is the Scottish Ministers; and in relation to medical training programmes in Northern Ireland, it is the Department of Health in Northern Ireland. It also sets out that regulations made by the Scottish Ministers under this Bill must be made by Scottish Statutory Instrument (and it sets out the requirements for the Secretary of State, the Welsh Ministers and the Department of Health in Northern Ireland as well). Clause 6 also provides that regulations made under the Bill may make consequential, incidental, supplemental, transitional and saving provision as well as different provision for different purposes. It also provides that the power of the Secretary of State to make regulations includes the power to make different provision for different parts of the United Kingdom.

13. **Clause 7** (Regulations: procedure) provides that regulations made under clause 3 or clause 5(4)(d) of the Bill are subject to the negative parliamentary procedure (and sets out what is meant by that¹). Regulations made under clause 3 or clause 5(4)(d) of the Bill may relate to matters which are within the legislative competence of the devolved legislatures. Provision is therefore made in clause 7(3) requiring the Secretary of State to obtain consent from the Welsh Ministers, the Scottish Ministers and/or the Department of Health in Northern Ireland, as appropriate. This clause also sets out that regulations made under clause 4(6) are subject to the affirmative procedure (and sets out what is meant by that²).

14. **Clause 8** confirms the short title of the Act that the Bill will become will be the Medical Training (Prioritisation) Act 2026, and provides that its provisions extend and apply across the UK and will come into force on such day or days as the Secretary of State appoint by regulations.

¹ The negative procedure is a form of parliamentary scrutiny for secondary (delegated) legislation in the UK. It is generally used for less significant or more routine legislation.

² The affirmative procedure is a form of parliamentary scrutiny applied to certain types of secondary (delegated) secondary legislation in the UK. Under this procedure, legislation cannot be made (i.e. signed) by a Scottish Minister before it is first approved in draft by the Scottish Parliament.

Provisions which require the consent of the Scottish Parliament

15. It is the view of Scottish Government that all the clauses (i.e. clauses 1 to 8) of the Bill require the consent of the Scottish Parliament. The UK Government agrees that the LCM process is engaged for clauses 1 to 8 and has requested that consent be obtained for these clauses.

16. Clauses 1 to 3 are substantive provisions concerning the devolved area of health, in particular, health workforce planning and medical education and which, by virtue of clause 8(1), extend to Scotland. They therefore apply to Scotland for a purpose within the legislative competence of the Scottish Parliament. Clause 3 contains a regulation-making power which alters the executive competence of the Scottish Ministers.

17. Clauses 4 and 5 include interpretation provisions as well as regulation-making provisions at clauses 4(6) and 5(4)(d), which apply to the Scottish Ministers by virtue of clause 6(1)(c). These regulation-making powers alter the executive competence of the Scottish Ministers. Clause 6(4) provides that any regulations must be made by Scottish Statutory Instrument. Clause 6(6) also alters the executive competence of the Scottish Ministers by enabling them, in such regulations, to make consequential, incidental, supplementary, transitional and savings provision, and different provision for different purposes. Clause 7 sets out the procedural requirements applicable for any regulations made under the Bill, including those made by the Scottish Ministers. Clause 7(3) alters the executive competence of the Scottish Ministers by requiring the Secretary of State to seek their consent before making any regulations under clause 3 or 5(4)(d) which would be within the legislative competence of the Scottish Parliament.

18. Clause 8 provides for the Bill to extend and apply to Scotland for purposes that fall within the legislative competence of the Scottish Parliament, namely medical education, health workforce planning, and related devolved health functions. As such, clause 8 engages the legislative consent process on the same basis as the substantive provisions in clauses 1 to 3.

Reasons for recommending legislative consent

19. The Scottish Government recommends that the Scottish Parliament consent to clauses 1 to 8 of the Bill.

20. The aim of the Bill is to address issues created by the current approach to allocating places for the UK Foundation Programme and medical speciality training in the UK, to help ensure a sustainable medical workforce in the NHS.

21. The UK Foundation Programme is a two-year work-based training programme for medical graduates and is intended to bridge the gap between medical school and speciality and general practice training in the UK. Foundation Programme training is part of the continuum of medical education and completion of the first year of the

Programme enables UK medical graduates to gain full registration with the General Medical Council. Foundation Programme trainees are salaried doctors who are continuing their training while employed in the NHS or the health services in the other UK nations.

22. Specialty training follows the UK Foundation Programme and enables doctors to become a GP or a consultant in other specialities through achieving a Certificate of Completion of Training. These programmes are delivered on a UK-wide basis and recruitment is currently managed by NHS England on behalf of the devolved administrations and their equivalent statutory education bodies.

23. The current 4-nation approach to recruitment provides benefits for individual trainee doctors and to the respective NHS and health systems across the UK. This Bill sees the continuation of these arrangements while respecting devolved settlements and addressing increasing risks to the onward sustainability of the medical workforce pipeline in the UK.

24. The number of applications to Foundation Programme training has increased over recent years, both from people graduating from UK medical schools (“UK medical graduates”) and from graduates of international medical schools (“international medical graduates”). This legislation will ensure that, if limits are required, UK medical graduates and other priority groups are prioritised. This guarantees that UK medical graduates can have the opportunity to progress to full registration as doctors.

25. For specialty training, the number of international medical graduates applying for places has significantly increased since 2020, when immigration rules were changed which made it easier for international doctors to come and work in the UK. In 2025, 12,000 UK-trained doctors and 21,000 overseas-trained doctors competed for 9,500 speciality training posts. This has increased competition ratios for specialty training recruitment and has resulted in a ‘training bottleneck’ for some doctors, whereby they cannot progress with the next stage of their training thereby impacting their career progression and risking retention of UK medical graduates within the UK.

26. Additionally, the UK Government’s May 2025 immigration white paper proposes a range of changes to the immigration system which could impact the ability of an individual undertaking training from overseas to achieve settled status over the duration of their training programme and ultimately their ability to stay working in the NHS after completing their training.

27. The aim is that by prioritising domestically trained doctors (alongside a number of other groups to ensure the fulfilment of the UK Government’s international and other legal obligations), the UK will be better able to ensure onward retention opportunities and attractiveness of medical careers for those who have trained and are more likely to stay in the UK. Therefore, the Bill supports efforts to deliver a sustainable and reliable future supply of consultants and general practitioners for the NHS across the UK.

28. Internationally trained doctors make a huge contribution to the NHS across the UK and will continue to do so. From 2027 onwards, the Bill will enable, through

regulatory powers, prioritisation of internationally trained doctors with significant NHS experience. Therefore, internationally trained doctors will not be excluded from applying for training places but will not be prioritised.

29. Note also that concurrent regulation-making powers are provided for in the Bill. This means that both the Scottish Government and the UK Government can exercise these powers in relation to the relevant training programmes in Scotland. Where the UK Government exercises these powers (other than specifically in relation to its own international obligations at clause 4(6)), it must seek the Scottish Ministers' consent. The Scottish Ministers would seek to inform the Scottish Parliament of any request for consent with as much time as possible, adhering where circumstances allow to a 28-day notification period. This regulatory framework ensures that the devolution settlement is respected.

30. It is for the reasons set out above that the Scottish Government is recommending that the Parliament consent to the provisions in this Bill.

Consultation

31. No formal consultation has been taken forward on this policy. However, in Scotland, through the Scottish Government's Future Medical Workforce project, views of over 2,000 doctors in Scotland at all career stages have been heard. This has included views on the issue of training bottlenecks and prioritisation of UK medical graduates for medical training programmes. These views form part of the [Future Medical Workforce phase 1 report](#), which was published on the 11 December 2025.

Financial implications

32. Since 2021, the Scottish Government has provided additional investment (of approximately £7.5 million) to accommodate Scotland's share of oversubscription to the UK Foundation Programme training programme. If the Bill is passed, this could reduce onward financial pressures associated with the Foundation Programme and previous issues of oversubscription.

33. There may be small operational costs associated with adjusting the IT systems for the new recruitment process. The IT system is currently operated by NHS England on behalf of all four nations' statutory education bodies.

Other relevant considerations

34. This Bill has been introduced as emergency legislation, subject to an expedited timescale. It is intended that the legislation receives Royal Assent by 5 March 2026 to allow prioritisation to be implemented for training programme recruitment rounds that are currently live and would affect those receiving offers for training posts starting in August 2026. Therefore, according to the current indicative timetable, legislative consent from the Scottish Parliament is anticipated to be required by 13 February 2026 at the latest.

Conclusion

35. The Scottish Government has concluded that clauses 1 to 8 of the Medical Training (Prioritisation) Bill require the consent of the Scottish Parliament.

36. The Scottish Government recommends that the Scottish Parliament consent to clauses 1 to 8 of the Bill. Consent is recommended on the basis of the Scottish Government's support for the policy intentions of the Bill. It is also the Scottish Government's view that the regulation-making powers set out in the Bill ensure that the devolution settlement is respected.

Draft motion on legislative consent

37. The draft motion, which will be lodged by Neil Gray MSP, Cabinet Secretary for Health and Social Care, is:

“That the Parliament agrees that clauses 1 to 8 of the Medical Training (Prioritisation) Bill, introduced in the House of Commons on 13 January 2026, so far as they relate to matters which fall within the legislative competence of the Scottish Parliament or alter the executive competence of the Scottish Ministers, should be considered by the UK Parliament.”

Scottish Government
January 2026

This Legislative Consent Memorandum relates to the Medical Training (Prioritisation) Bill (UK Parliament legislation) and was lodged with the Scottish Parliament on 21 January 2026

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