

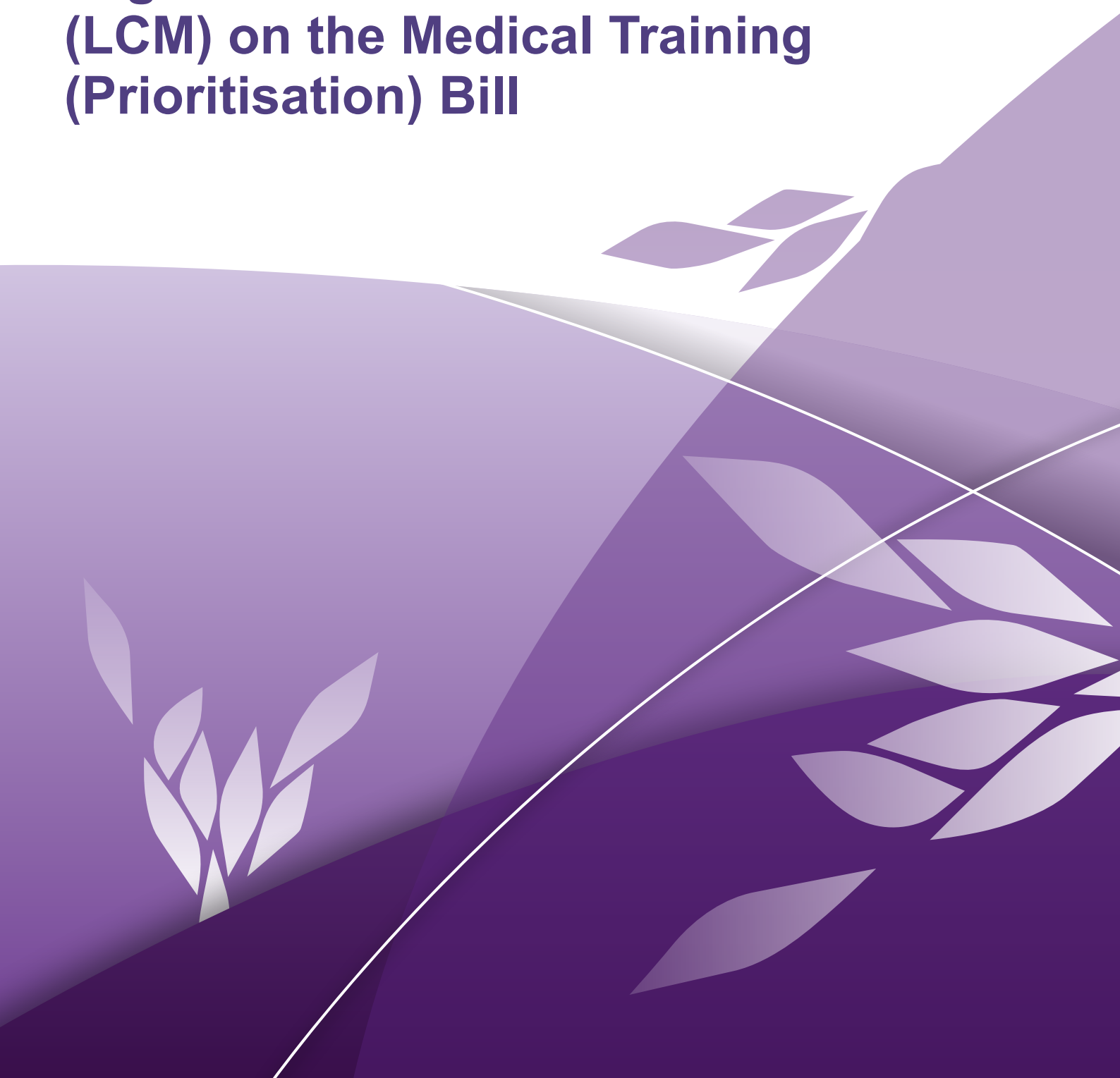


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Pàrlamaid na h-Alba

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## Health, Social Care and Sport Committee

# Legislative Consent Memorandum (LCM) on the Medical Training (Prioritisation) Bill



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# Health, Social Care and Sport Committee

To consider and report on matters falling within the responsibility of the Cabinet Secretary for Health and Social Care.

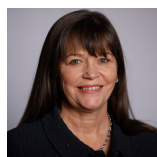


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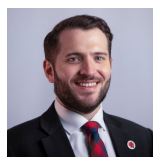


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# Committee Membership



**Convener**  
**Clare Haughey**  
Scottish National Party



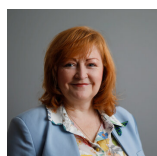
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**Joe FitzPatrick**  
Scottish National Party



**Sandesh Gulhane**  
Scottish Conservative  
and Unionist Party



**Emma Harper**  
Scottish National Party



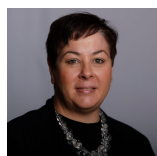
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Scottish Green Party



**Carol Mochan**  
Scottish Labour



**David Torrance**  
Scottish National Party



**Elena Whitham**  
Scottish National Party



**Brian Whittle**  
Scottish Conservative  
and Unionist Party

# Introduction

1. At its meeting on 10 February 2026, the Committee considered [Legislative Consent Memorandum LCM-S6-72](#) ("the LCM") introduced by the Scottish Government in respect of the [Medical Training \(Prioritisation\) Bill](#) ("the Bill"). The Health, Social Care and Sport Committee has been designated as lead committee for scrutiny of the LCM.
2. The Medical Training (Prioritisation) Bill is a UK Government Bill lodged in the House of Commons by the Secretary of State for Health and Social Care, Wes Streeting MP, on 13 January 2026. At time of writing, the Bill currently sits at [Committee stage](#) in the House of Lords.
3. The Bill is intended to introduce a system that gives graduates from UK medical schools (and certain other groups) priority for training places to become doctors. The UK Government outlined plans for this in its [10-year health plan for England](#).
4. The Bill has been subject to an expedited timescale 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.
5. The [House of Commons Library has published a briefing on the Bill](#), as did the [House of Lords](#) in advance of the second reading of the Bill.
6. The Scottish Government LCM recommends that the Scottish Parliament consent to clauses 1 to 8 of the Bill. This also notes that it is intended that the legislation receives Royal Assent by 5 March 2026.
7. The clauses for which the Scottish Government is seeking legislative consent:

**Clause 1** – For applications to the [UK Foundation Programme](#), clause 1 requires that places be offered first to UK medical graduates and to members of the priority group, which comprises graduates from selected institutions in Ireland, Iceland, Liechtenstein, Norway, and Switzerland. Prioritisation is determined by the location of the applicant's primary medical qualification rather than their citizenship or immigration status.

**Clause 2** – For [specialty training programmes](#), clause 2 sets out prioritisation for 2026 applications, which applies at the offer stage. Priority would be given to UK medical graduates, members of the priority group doctors who have completed or are completing a relevant UK training programme, and applicants with certain citizenship or immigration status. (The Department of Health and Social Care has explained that immigration status is used as a temporary proxy in 2026 to capture doctors with significant UK health service experience. From 2027 onward, immigration status will no longer automatically confer priority).

**Clause 3** – determines how interviews and offers are prioritised for specialty training from 2027 onwards. People that will be eligible for prioritisation are the same as those set out above (prioritisation for specialty training in 2026 only, clause 2), with two key differences:

1. Prioritisation based on immigration status would not apply automatically.

2. New prioritisation groups could be set out using further regulations. The regulations would limit further prioritisation to people who:
  - are likely to have “significant experience” of working as a doctor in the National Health Service in England, Wales or Scotland or in Health and Social Care in Northern Ireland, or
  - fall within a specified immigration category.

**Clause 4** – defines “UK medical graduate” and “the priority group”.

**Clause 5** – defines “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. “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.

**Clause 6** – defines “the appropriate authority” for the purposes of the 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 Scotland, it is the Scottish Ministers.

**Clause 7** – covers the procedure for making regulations. Regulations that relate to matters which are within the legislative competence of the Scottish Parliament require the Secretary of State to obtain consent from the Scottish Ministers.

**Clause 8** – covers extent, commencement and short title.

8. The UK Government has also published [Explanatory Notes to the Bill](#) as well as an [Impact Statement](#).

## Committee consideration

### Delegated Powers and Law Reform Committee consideration

9. The Delegated Powers and Law Reform (DPLR) Committee considered the LCM at its meeting on [3 February 2026](#) and published its report on [4 February 2026](#).
10. The DPLR Committee noted the Scottish Ministers' commitment to seek to inform the Parliament of any request by the UK Government for consent to the making of regulations, and to allow a 28-day notification period where circumstances allow. The DPLR Committee drew this to the attention of the lead committee in its report. It has also written separately to both [Scottish](#) and [UK Ministers](#) regarding how powers will be exercised.
11. The Cabinet Secretary responded to the Committee on [6 February 2026](#), addressing each of the DPLR Committee's queries in turn.

### Health, Social Care and Sport Committee consideration

12. Ahead of consideration of the LCM and to help further inform its scrutiny, the Health, Social Care and Sport Committee wrote to a number of stakeholder organisations seeking their written views on the Bill and LCM. As of 4 February 2026, the Committee received submissions from the following organisations:
  - [General Medical Council \(GMC\)](#)
  - [NHS Education for Scotland \(NES\)](#)
  - [NHS Borders](#)
  - [NHS Lothian Medical Directors Group](#)
  - [Royal College of Anaesthetists](#)
  - [Royal College of Psychiatrists in Scotland](#)
  - [The Royal College of Physicians of Edinburgh](#)
  - [NHS Highland](#)
  - [NHS Lanarkshire](#)
13. In addition to these written responses, the Committee also received a copy of a letter regarding the Bill, sent by the [British Association of Physicians of Indian Origin \(BAPIO\)](#) to the Secretary of State for Health and Social Care, Wes Streeting MP.
14. The Committee then took oral evidence from the Cabinet Secretary for Health and

Social Care, Neil Gray MSP, and supporting officials, at its meeting on 10 February 2026.

15. In his opening statement, the Cabinet Secretary acknowledged challenges facing the medical workforce and increasing pressure within the UK medical training pipeline affecting resident doctors. He further stated that, while health is a devolved matter, the impact of the legislation would be felt across the UK-wide pool of posts available. He further stated:
  - ” Although Scotland experiences these pressures to a lesser extent than other parts of the UK, the reality is that we operate within a UK-wide recruitment system. Moving together on a four nations basis is the only way to ensure Scotland is not negatively impacted. If prioritisation were to apply without Scotland, we would inevitably experience displacement effects.
16. The Cabinet Secretary further outlined that, to address concerns about training bottlenecks this year, the draft Scottish budget provides an additional £14m for speciality training posts - and that this will increase the number of available posts in 2026 by approximately 10%.
17. The Cabinet Secretary also stressed that the Bill would not prevent international recruitment.
18. Following his opening statement, the Cabinet Secretary and supporting officials then answered questions from Members on the LCM.
19. During the evidence session, the Cabinet Secretary confirmed that the Bill does not apply to dental posts and that the provisions would not impact on eligibility for the ScotGem programme. He also confirmed that the legislation would extend to speciality training programmes, including general practice.
20. Concerning the Bill's potential impact on recruitment, the Cabinet Secretary responded:
  - ” (...) the prioritisation that is going to be made on a four nations basis...there is going to be reduced competition for UK based medical graduates and it is going to be proportionately harder for international medical graduates. I reiterate though that international medical graduates (...) are still going to be required and very much valued by this Government. Previous iterations of this policy, in our discussions with the UK Government, we were not comfortable with because we felt it would impinge on that ability to recruit internationally. I want to leave no doubt for Committee (...) that we are going to still require international medical graduates.
21. Concerning the prevalence of speciality training places, the Cabinet Secretary noted that the Government keeps these places under review on an annual basis and would monitor the Bill's impact on such places going forward. However, in the immediate term, he referred back to the additional £14m to increase speciality training places by 10% which he told the Committee matches proportionally what the UK Government is delivering.
22. Concerning how the Bill might impact training places in rural and island communities, the Cabinet Secretary told the Committee he did not believe the Bill would, in itself, directly impact these places. However, taken alongside other

initiatives, he argued it would help address issues with rural and island recruitment. Responding to queries regarding a trend towards diversification in portfolios prevalent in rural and island practices, supporting officials confirmed that the Bill would not affect the curriculum or the way training is undertaken - and would only affect the eligibility of individuals to be prioritised at point of application.

23. Asked how many Locum Appointments for Training (LAT) and clinical fellow posts are currently filled by international medical graduates, the Cabinet Secretary committed to write back to the Committee with exact figures. He also committed to providing a written update regarding available positions for Ukrainian doctors and recognition of qualifications, as well as details of equality monitoring that would be undertaken to identify any adverse consequences the Bill might have for international medical graduates working in the NHS in Scotland.
24. Asked how the regulation powers set out in the Bill were decided, the Cabinet Secretary responded that, during negotiations with the UK Government, the Scottish Government had secured a number of conditions that would ensure the devolved settlement is respected - including a requirement for Scottish Ministerial consent. The Cabinet Secretary also reiterated his view that a four nations approach was advantageous in that it would avoid unintended consequences and detriment for the Scottish system of medical training and recruitment.

# Recommendation

25. The Committee recommends that the Parliament agree to a legislative consent motion in similar terms to the draft motion included in the LCM.

