

MEDICAL TRAINING (PRIORITYISATION) BILL

EXPLANATORY NOTES

What these notes do

These Explanatory Notes relate to the Medical Training (Prioritisation) Bill as brought from the House of Commons on 28 January 2026 (HL Bill 165).

- These Explanatory Notes have been prepared by the Department of Health and Social Care in order to assist the reader of the Medical Training (Prioritisation) Bill and to help inform debate on it. They do not form part of the Bill and have not been endorsed by Parliament.
- These Explanatory Notes explain what each part of the Bill will mean in practice; provide background information on the development of policy; and provide additional information on how the Bill will affect existing legislation in this area.
- These Explanatory Notes might best be read alongside the Bill. They are not, and are not intended to be, a comprehensive description of the Bill.

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Overview of the Medical Training (Prioritisation) Bill

- 1 The Bill aims to implement the Government's commitment set out in the 10 Year Health Plan for England to introduce a system of prioritisation for allocation of medical training places. The policy intent is to allow for the following:
 - a. For medical foundation training, the prioritisation of graduates of UK medical schools and Republic of Ireland medical schools;
 - b. For medical specialty training posts starting in 2026, prioritisation at offer stage of graduates of UK medical schools and Republic of Ireland medical schools, those who completed foundation training or a relevant earlier stage of training in the UK, and those with certain immigration status;
 - c. For medical specialty training posts starting in 2027 onwards, prioritisation at interview and offer stage of graduates of UK medical schools and Republic of Ireland medical schools, people who have completed the UK foundation programme or other relevant previous stage of training in the UK, and those in groups specified by regulations who are likely to have significant experience of working as a doctor in the National Health Service in England, Wales or Scotland or Health and Social Care in Northern Ireland, or by reference to immigration status; and
 - d. For foundation and specialty training, prioritisation of other international medical graduates to reflect international agreements. This currently applies to graduates from institutions in Iceland, Norway, Liechtenstein and Switzerland.

Policy background

- 2 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.
- 3 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 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 trainees are salaried doctors who are continuing their training while employed in the NHS or the health services in the other UK nations.
- 4 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 Governments and their equivalent statutory education bodies.
- 5 The number of applications to foundation 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).
- 6 In 2024/25, 671 additional foundation programme places were created because applicants exceeded planned numbers. Historically, every eligible applicant has been offered a place. This legislation will ensure that, if limits are required, graduates of UK medical schools and

other priority groups are prioritised. This guarantees UK medical graduates can progress to full registration as doctors.

- 7 It will also help reduce the need for “placeholder” posts, which foundation schools have used to manage oversubscription. Placeholders indicate the school but not the hospital or specialties, often giving applicants only weeks’ notice of their placement, and causing concern and anxiety if for example an applicant needed to secure new housing or a new school place for dependants. This creates uncertainty and anxiety for applicants, and when applicants withdraw, these posts are hard to defund and disrupt rota planning, leading to staffing gaps. Reducing placeholders will improve certainty and minimise unplanned vacancies.
- 8 For specialty training, the number of international 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 posts.¹ The UK Government invests over £1 billion annually in UK undergraduate medical students and over £3.3 billion annually in postgraduate medical trainees.
- 9 The Government committed in the [10 Year Health Plan for England](#) to prioritise UK medical graduates for foundation training places, and UK medical graduates and other doctors who have worked in the NHS for a significant period for speciality training places.
- 10 This Bill establishes rules for prioritising certain groups of applicants for foundation and specialty training places.
- 11 For UK 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 us to recognise their qualifications and offer parity in access to the profession). For speciality training posts the Bill establishes prioritisation of UK medical graduates, persons in the priority group, 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.

Legal background

- 12 Planning of the health workforce and access to medical training is devolved in the UK, with each nation’s health ministers having responsibility for their own area. The content and standard of medical education is a matter for the General Medical Council (GMC) for the UK as a whole. Doctors have to register with the GMC to practise medicine in the UK. The medical schools and medical Royal Colleges establish the content of training that the GMC will approve. As such, there are a number of statutory and other bodies with functions and responsibilities to ensure medical training in the UK. However, there is no existing statutory framework that deals with recruitment to postgraduate medical training posts (i.e.,

¹ Aggregated posts data from published NHSE Competition Ratios: [Competition ratios | Medical Hub](#)

foundation training and specialty training), or the way that training posts are allocated or offered. Recruitment is managed on a UK-wide basis as a matter of agreement between all the UK Executives. The Bill does not affect how the relationships between the various bodies are managed, or eligibility for accessing training. It establishes a statutory process through which people in the prioritised groups will be allocated or offered posts before non-prioritised applicants.

Commentary on the Bill's provisions

Clause 1: UK Foundation programme

- 13 Clause 1 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 by clause 4), before offering places to other eligible applicants.

Clause 2: Specialty training programmes: offers made in 2026

- 14 Clause 2 (1) sets out that for offers made in 2026 for specialty training programmes, the person making the offer must prioritise UK medical graduates. Subject to passage and commencement of the legislation, this could apply to posts starting in August 2026. They must also prioritise individuals in the defined priority group, as defined by clause 4(2) to (4). In addition, individuals who have completed, or who are currently undertaking, the Foundation Programme or other relevant qualifying UK programme as defined in clause 5(5), must be prioritised. Individuals identified in sub-section (2) should also be considered before offering places to other eligible applicants.
- 15 Clause 2(2) 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 working in the NHS or health services in the other UK nations.

Clause 3: Specialty training programmes: offers from 2027 onwards

- 16 Clause 3(1) sets out that when offering interviews for UK speciality training places from 2027 onwards, those deciding who to interview must prioritise UK medical graduates, persons in the priority group, those who have completed, or are currently on, the relevant qualifying UK programme, and those as set out in regulations. Clause 3(2) sets the same prioritisation requirement in relation to offering places.
- 17 Clause 3(3) sets out that regulations made under clause (1)(d) and (2)(d) may only describe persons who, in the opinion of the appropriate authority, 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.
- 18 Clause 7 deals with the procedure for making any regulations under this section.

Clause 4: "UK medical graduate" and "the priority group"

- 19 Subsection (1) of this clause defines, for the purposes of the Bill, a UK medical graduate as someone who holds a primary United Kingdom qualification within the meaning of the Medical Act 1983, but does not include a person who spent all or a majority of their time training for the qualification outside the British Islands. This means that where a person has obtained a primary UK qualification but has mainly studied overseas, this will not make them eligible for prioritisation as a UK medical graduate. They would still be eligible for prioritisation if they are within the priority group defined in subsections (2) to (4) of this clause.

- 20 Subsections (2) to (4) define the “priority group” for the purposes of the Bill. It 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. This means graduates from Irish medical schools are treated in the same way as graduates of UK medical schools.
- 21 The priority group also includes individuals with a medical qualification from an institution in a prioritised country (Iceland, Liechtenstein, Norway or Switzerland). This is to reflect international agreements. The UK has entered a free trade agreement (‘FTA’) with Iceland, the Principality of Liechtenstein and the Kingdom of Norway² and has entered a mutual recognition agreement (‘MRA’) with Switzerland³. In Chapter 12, there is specific provision made for mutual recognition of professional qualifications and provides for no less favourable access to practise.
- 22 Subsection (5) provides that the appropriate authority may by regulations amend the list of countries whose graduates will be prioritised in subsection (4). This is to enable compliance with any future international agreements that the UK may enter into.

Clause 5: “UK Foundation programme”, “UK specialty training programme” etc

- 23 Clause 5(2) defines, for the purposes of this Bill, “UK Foundation Programme”. The definition reflects that the programme is a 2-year programme and that some applicants can apply just for the second year; those should also be subject to the prioritisation scheme. During the first year a doctor will be provisionally registered with the GMC, but during the second year they will be fully registered. The second year is primarily for newly registered doctors, but the definition reflects that some doctors will not fit within the definition of being newly registered. The description of the course is not intended to have any effect on the eligibility criteria for the programme, which are set outside the legislation.
- 24 Clause 5(3) defines “newly registered doctor” (as used in subsection (2)). The definition reflects that most people will move straight from year one to year two and will become fully registered with the GMC within that period.
- 25 Clause 5(4) defines “UK specialty training programme”. The definition excludes the UK Foundation Programme, and a programme wholly in the area of public health. This means that prioritisation will not apply to the public health specialty training programme, which is open to medical and non-medical applicants. Any specialty programme that takes place mainly outside the UK is also excluded from the definition. The appropriate authority has a power in subsection (4)(d) to specify any other programmes that should be excluded from the definition.
- 26 Clause 5(5) defines “relevant qualifying UK programme”. It includes the UK Foundation Programme and any earlier stage of a UK specialty training programme. The effect of this is that anyone who has completed the UK Foundation Programme, or who has completed Core training in the UK for a specialty programme that has Core and Higher stages, will be prioritised and selected for interview or offered places before other eligible applicants.
- 27 Clause 5(6) sets out that an eligible applicant is a person who meets the eligibility criteria for the programme and reflects that this Bill does not interfere with the process for determining eligibility.

² [Free Trade Agreement between Iceland, the Principality of Liechtenstein and the Kingdom of Norway and the United Kingdom of Great Britain and Northern Ireland \[MS No.3/2021\] - GOV.UK](#)

³ [Agreement between the Swiss Confederation \(Switzerland\) and the UK on the Recognition of Professional Qualifications - GOV.UK](#)

Clause 6: Regulations: general

- 28 Clause 6(1) 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.
- 29 Clause 6(2) to (5) provides that regulations made under this Bill by the Secretary of State are to be made by statutory instrument. Regulations made by the Welsh Ministers under this Bill are to be made by Welsh statutory instrument. Regulations made by Scottish Ministers under this Bill are made by Scottish statutory instrument. The power of the Department of Health in Northern Ireland to make regulations under this Bill is exercisable by statutory rule.
- 30 Clause 6(6) also provides that regulations made under the Bill may make consequential, incidental, supplemental, transitional and saving provision and make different provision for different purposes and different provision for different parts of the United Kingdom.
- 31 Clause 6(7) provides that the power of the Secretary of State to make regulations includes power to make different provision for different parts of the United Kingdom.

Clause 7: Regulations: procedure

- 32 Clause 7(1) provides that regulations made under clause 3 or clause 5(4)(d) of the Bill are subject to the negative Parliamentary procedure. Subsection (2) provides a table setting out what is meant by the “negative procedure” for each of the appropriate authorities.
- 33 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 Governments. Provision is therefore made in clause 7(3) requiring the Secretary of State to obtain consent from the Welsh Ministers, the Scottish Ministers and the Department of Health in Northern Ireland if provisions of regulations made by the Secretary of State fall within the legislative competence of the devolved legislatures.
- 34 Clause 7(4) sets out that regulations under clause 4(6) may not be made unless a draft of these regulations has been approved in Parliament i.e. that they are subject to the draft affirmative procedure.
- 35 Clause 7(5) provides a table setting out what is meant by the “affirmative procedure” for each of the appropriate authorities.

Clause 8: Extent, commencement and short title

- 36 This clause provides that the Bill extends and applies across the UK and comes into force on such day or days as the Secretary of State may by regulations appoint. It also confirms the title of the Bill as the Medical Training (Prioritisation) Act 2026.

Fast-track legislation

- 37 The Government will ask Parliament to expedite the parliamentary progress of this Bill. In their report on *Fast-track Legislation: Constitutional Implications and Safeguards*, the House of Lords Select Committee on the Constitution recommended that the Government “should provide more information as to why a piece of legislation should be fast-tracked”.

Why is fast-tracking necessary?

38 Royal Assent is required by no later than 5 March 2026 to ensure prioritisation for foundation and specialty training places is implemented in the current application round, i.e., for training posts starting in August 2026. This Bill is being fast-tracked because it does not have time to go via normal procedures.

What is the justification for fast-tracking each element of the bill?

39 All clauses in the Bill are interrelated, and it would not be possible for some elements of the Bill to be done at a slower pace than others.

What efforts were made to ensure the amount of time made available for parliamentary scrutiny was maximised?

40 The Bill was introduced as soon as the need for primary legislation in this area became clear.

To what extent have interested parties and outside groups been given an opportunity to influence the policy proposal?

41 The policy has been developed in conjunction with policy officials in the Devolved Governments and with the Statutory Education Bodies. Regular twice weekly meetings across these organisations have been held since September to take forward proposals which were originally for a UK wide consultation. The recently concluded first phase of the [Medical Training Review](#) received significant feedback from stakeholders on this issue. Extensive engagement, with over 8,000 responses, including more than 6,000 from resident doctors, confirmed widespread dissatisfaction with the competition ratios for specialty training posts and requests for action to resolve bottlenecks into specialty training places to ensure a sustainable and fair medical training system.

42 The British Medical Association has been in extended negotiations with the Department over resident doctor pay and conditions, including introducing a system of prioritisation for the award of postgraduate medical training places.

Does the Bill include a sunset clause (as well as any appropriate renewal procedure)? If not, why does the Government judge that their inclusion is not appropriate?

43 The Bill does not include a sunset clause because it is the intention of the Government for this system of prioritisation for allocation of medical training places to have permanent effect.

Are mechanisms for effective post-legislative scrutiny and review in place? If not, why does the Government judge that their inclusion is not appropriate?

44 In accordance with established post-legislative scrutiny arrangements, the Bill will be reviewed after commencement through the preparation of a departmental memorandum and any further scrutiny determined by the relevant parliamentary committees.

Has an assessment been made as to whether existing legislation is sufficient to deal with any or all of the issues in question?

45 There is no existing statutory framework that deals with recruitment to postgraduate medical training posts (i.e., foundation training and specialty training), or the way that training posts are allocated or offered. New legislation is required to establish a statutory process through which people in the prioritised groups will be allocated or offered posts before non-prioritised applicants.

Have relevant parliamentary committees been given the opportunity to scrutinise the legislation?

46 A memorandum on delegated powers has been prepared for the Delegated Powers and Regulatory Reform Committee.

Territorial extent and application

47 This Bill applies across the United Kingdom.

48 There is a convention that Westminster will not normally legislate with regard to matters that are within the legislative competence of the Scottish Parliament, Senedd Cymru or the Northern Ireland Assembly without the consent of the legislature concerned. To the extent that the provisions of the Bill fall within the legislative competence of devolved legislatures, a Legislative Consent Motion will be sought.

49 See the table in Annex A for a summary of the position regarding territorial extent and application in the United Kingdom.

Commencement

50 The Bill extends and applies across the UK and comes into force on such day or days as the Secretary of State may by regulations appoint.

Financial implications of the Bill

51 The accompanying Impact Statement describes the Bill's expected impact, potential benefits and costs.

52 The Bill will enable the Government to better plan and allocate funding for Foundation Programme places, supporting a more sustainable approach to NHS workforce planning. The impact each year is uncertain but in 2024/25 671 additional Foundation Programme places had to be created, at the cost of c.£40 million, as applicants exceeded the number of planned places. The Bill would enable the Government to ensure resources are used efficiently and more closely aligned with strategic workforce planning.

53 There will be some implementation costs to adapt the recruitment process and IT systems to accommodate the changes set out in the Bill. NHS England has estimated these costs to be c.£100,000.

Parliamentary approval for financial costs or for charges imposed

54 This Bill will not require financial resolutions in the House of Commons, as it does not have any direct implications for public expenditure or taxation. Any costs associated with the implementation of this Bill will be met from within NHS England's existing budget, which is allocated through the Department of Health and Social Care's departmental supply estimates.

Compatibility with the European Convention on Human Rights

- 55 Baroness Merron, Parliamentary Under-Secretary (Department of Health and Social Care) has made a statement under section 19(1)(a) of the Human Rights Act 1998 that, in her view, the provisions of the Bill are compatible with the Convention rights.
- 56 The Bill does not contain provisions which may engage any Articles of the European Convention on Human Rights. In particular, Article 8 (right to respect for private and family life) is not engaged because Article 8 does not confer a right to pursue a chosen profession. The Bill does not impose any prohibition on access to medical employment or training.

Environmental Law

- 57 Baroness Merron, Parliamentary Under-Secretary (Department of Health and Social Care) is of the view that the Bill as introduced into the House of Lords does not contain provision which, if enacted, would be environmental law for the purposes of section 20 of the [Environment Act 2021](#). Accordingly, no statement under that section has been made.

Duty under section 13C of the European Union (Withdrawal) Act 2018

- 58 Baroness Merron, Parliamentary Under-Secretary (Department of Health and Social Care), is of the view that the Bill as introduced into the House of Lords does not contain provision which, if enacted, would affect trade between Northern Ireland and other parts of the UK. Accordingly, no statement under section 13C of the [European Union \(Withdrawal\) Act 2018](#) has been made.

Related documents

- 59 The following documents are relevant to the Bill and can be read at the stated locations:
 - [10 Year Health Plan for England](#)
 - [Competition ratios | Medical Hub](#)
 - [World Health Organisation Health workforce](#)
 - [Free Trade Agreement between Iceland, the Principality of Liechtenstein and the Kingdom of Norway and the United Kingdom of Great Britain and Northern Ireland \[MS No.3/2021\] - GOV.UK](#)
 - [Agreement between the Swiss Confederation \(Switzerland\) and the UK on the Recognition of Professional Qualifications - GOV.UK](#)

Annex A – Territorial extent and application in the United Kingdom

Provision	England	Wales		Scotland		Northern Ireland	
	Extends to E & W and applies to England?	Extends to E & W and applies to Wales?	Legislative Consent Motion process engaged?	Extends and applies to Scotland?	Legislative Consent Motion process engaged?	Extends and applies to Northern Ireland?	Legislative Consent Motion process engaged?
Clause 1	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Clause 2	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Clause 3	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Clause 4	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Clause 5	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Clause 6	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Clause 7	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Clause 8	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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