

FROM THE MINISTER OF HEALTH



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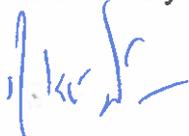
Date: *12* February 2026

Dear *Philip*

Further to my letter of 10 February 2026, regarding the Legislative Consent Motion (LCM) for the Medical Training (Prioritisation) Bill, I am pleased to inform you that Executive approval has been provided to proceed.

Please see attached briefing for member's information, ahead of the attendance of officials at the Committee meeting scheduled for 19 February.

Yours sincerely



Mike Nesbitt MLA
Minister of Health

Briefing for the Health Committee

The Medical Training (Prioritisation) Bill was introduced in the House of Commons on 13 February 2026. A link to the Bill as introduced in Parliament is available on the UK Parliamentary website:

<https://bills.parliament.uk/bills/4062>

The Bill establishes rules for prioritising certain groups of applicants for foundation and specialty training places.

For the **Foundation Programme**, the bill requires that places are allocated first to applicants with a primary medical qualification (PMQ) from a medical school in the UK or RoI, who have spent the majority of their time training in the UK or RoI, and other priority groups before being allocated to other applicants. A provision which allows additions to the list of countries, through regulations, to take account of future international agreements has been included.

For **specialty training** the Bill requires that there must be prioritisation at the offer stage of Graduates of UK/RoI Medical schools, individuals in the priority group and individuals who have completed the Foundation Programme or the previous stage of a UK specialty training programme. For **offers made in 2026** for specialty training only, it will also require prioritisation of individuals with certain immigration statuses.

Minister Smith wrote to the Department of Health (DoH) on the 16 January to advise that the Bill had been laid in the House of Commons on 13 January 2026.

Minister Nesbitt sought approval from FM/DFM to pursue the LCM under urgent procedures, this approval was not received, and an Executive Paper seeking approval for the LCM be progressed was circulated for the 12 February Executive meeting. Approval for the LCM process was given on 12 February 2026.

The Clerk to the Committee has been seeking regular updates on the progress of the LCM, which have been provided via the DALO.

Officials are scheduled to provide evidence to the Committee on Thursday 19 February.

What the Bill does

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For **specialty training** the Bill requires that there must be prioritisation at the offer stage of Graduates of UK/RoI Medical schools, individuals in the priority group and individuals who have completed the Foundation Programme or the previous stage of a UK specialty training programme. For **offers made in 2026** for specialty training only, it will also require prioritisation of individuals with certain immigration statuses. For specialty training **posts starting from 2027 onwards**, the immigration status category will not apply automatically. Instead, we will be able to make regulations to specify any additional groups who will be prioritised by reference to criteria indicating significant experience as a doctor in the health service, or by reference to immigration status. This is because in this year's application process, for offers made in 2026, immigration status is being used as a proxy to capture applicants who we believe are most likely to have significant experience working in the health service. For future years it will be reviewed whether this remains a good measure and the Bill provides the power to define significant experience in a way that best delivers the policy intent.

For training posts starting from 2027 onwards, prioritisation will apply at both the shortlisting and offer stages, which will enable more of the applicants we are prioritising to be offered posts.

The Bill includes a power to set out in regulations a programme which does not amount to a "UK Specialty Programme" for the purposes of the Bill. This will give the necessary flexibility to respond to future changes in recruitment, training and workforce needs. For example, if applications for certain programmes, such as general practice or psychiatry, fall significantly, as has happened in the past, the Government needs flexibility to respond. Adjusting prioritisation can ensure

reasonable levels of competition across specialties and avoid situations where some programmes struggle to fill places while others remain highly competitive. But our aim is to avoid this as much as possible, by attracting more UK graduates to the specialities where service need is greatest.

The Bill extends across the UK. Health workforce planning and access to medical training are devolved matters, with each nation's health ministers responsible for their own area. However, the process of recruitment and allocation of foundation and specialty training places is undertaken on a UK-wide basis. The Bill establishes a statutory process for prioritising certain groups for training posts, without changing relationships between statutory bodies or eligibility for training.

Key stats

Foundation training

- The number of eligible applicants for the UK Foundation Programme has grown from around 8,000 in 2019 to 11,000 in 2025, with an increase in applications from graduates from UK and international medical schools.
- In 2024/25, 671 additional Foundation Programme places were created at short notice because applicants exceeded planned numbers.)

Competition ratios for Core Training 1/Specialty Training 1 (CT1/ST1)

- UK-trained doctors have faced growing competition from overseas-trained doctors for specialty training posts, with applicants rising from around 12,000 in 2019 to nearly 40,000 this year (2026) (NHS England specialty recruitment team, refers to Round 1, CT1/ST1 only, final numbers expected March 2026)
- For 2026, it is estimated that c10,000 CT1/ST1 training posts will be advertised.
- This Bill, together with our increase in the number of specialty places, will mean that instead of 4 resident doctors competing for every training post, it will now be fewer than 2 resident doctors for each place.

Applicant and post numbers (for all specialties, core and higher)

- In 2025, 15,723 UK-trained doctors and 25,257 overseas-trained doctors competed for 12,833 round 1 and round 2 posts. Of these, around 12,316 UK trained doctors and 20,807 overseas doctors applied for 9,479 round 1 posts.
- As of 14 January, for 2026 recruitment we have seen over 47,000 applicants (for round 1 and 2 specialty training posts). This recruitment is live and numbers will be finalised in due course.

Number of training places

- In the 10 Year Health Plan published in July 2025, we committed to creating 1,000 new specialty training posts over the next three years with a focus on specialties where there is greatest need.

Training costs

- The government invests over £4 billion in training doctors from medical school, foundation and into specialty training.

Diversity of NHS workforce

- Around 328,000 out of 1.5 million NHS staff (21%) reported a non-British nationality in October 2025. The proportion of doctors in the NHS that report a non-UK nationality is higher at 34%, and within this 44% of resident doctors report a non-UK nationality.

- The General Medical Council reported in 2025 around 138,000 licensed doctors who qualified abroad are working in the UK, making up 42% of all licensed doctors.

Other related stats and information

Retention after training

- Domestic graduates have a greater likelihood to stay in the country they trained in than those trained internationally. Four years after completing specialty training 3.9% of UK graduates no longer held a licence to practice, less than half the 8.8% loss rate of non-UK graduate doctors.

Are doctors leaving for Australia?

- Overall leaver rates of doctors in NHS Trusts are as low as they've been, they do not imply any large exodus of doctors from the NHS.
 - Leavers from the GMC register show stability on a par with pre-pandemic levels. The rate of those leaving who had worked in the UK (had a GMC connection to a designated body), was 3.6% in 2024, which is a return to pre-pandemic levels (3.5% in 2019).
 - GMC data shows UK graduate leaver rates, typically more stable than those of international graduates, increased marginally to 3.2% in 2024, up from about 3% in previous years.
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POLICY RATIONALE

- Right now, around 35% of Round 1 specialty training posts are offered to international medical graduates.
- While international staff will always play an important role in our NHS, we are recruiting doctors from abroad when there is already a substantial pool of eligible applicants who have trained in the UK or are already employed in the NHS. These doctors are more likely to work in the NHS for longer and be better equipped to deliver healthcare tailored to the UK's population because they better understand the UK's epidemiology.
- We spend £4 billion training medics in the UK every year. Prioritisation will protect taxpayers' investment, deliver better care for patients, ensure the NHS has a more sustainable medical workforce, and reduce competition for places so that homegrown talent can become the next generation of NHS doctors.

THE PRIORITY GROUP

- Subject to passage of the Bill, for specialty training posts starting in 2026, eligible applicants with specified immigration status will be prioritised.
- In 2026 these immigration statuses are being used as a proxy to capture applicants who it is believed will be most likely to have significant experience of working in the health service in the UK.
- Given applications for posts starting in 2026 have already been made, we need to prioritise based on the information that is captured. For current applications, prioritisation will be applied at the offer stage because shortlisting is already underway.
- From 2027, immigration status will no longer automatically determine priority. Instead, additional priority groups will be set out in regulations based on criteria which indicate a person is likely to have significant experience of working as a doctor in the health service, or by reference to their immigration status. The aim is to have regulations in place for the autumn 2026 application round (subject to parliamentary timetable).
- DHSC and devolved administrations will engage key stakeholders about what criteria should be considered as indicating significant experience as a doctor in the NHS/HSC, to help us ensure a sustainable medical workforce that can meet the health needs of the population.