

LEGISLATIVE CONSENT MEMORANDUM

MEDICAL TRAINING (PRIORITISATION)

Draft legislative Consent Motion

1. The draft motion, which will be tabled by the Minister of Health, is:

“That this Assembly endorses the extension to Northern Ireland of the provisions within the Medical Training (Prioritisation) Bill”

Background

2. This memorandum has been laid before the Assembly by the Minister of Health under Standing Order 42A(2). The Medical Training (Prioritisation) Bill was introduced in the House of Commons on 13 January 2026. The latest version of the Bill can be found at:

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

Summary of the Bill and its policy objectives

3. This Bill implements the UK government’s commitment in their 10 Year Health Plan to prioritise UK medical graduates for foundation training places, and to prioritise UK medical graduates and other doctors with significant NHS experience for specialty training places. It will also prioritise graduates from medical schools in the Republic of Ireland, and from some other countries to reflect international agreements.

Provisions which deal with a Devolution Matter

4. Medical training is a devolved matter however the vast majority of recruitment to medical training is completed nationally on behalf of all regions, by NHS England, with each region declaring their vacancies into which applications are invited.
5. Recruitment is undertaken mainly on a 4-country basis, with applicants applying for foundation and specialty posts as they are declared by each

jurisdiction. Scotland and Wales remain committed to these existing arrangements, and have indicated support for the provisions of this Bill.

Reasons for making the Provisions

6. This Bill implements the UK government's commitment in their 10 Year Health Plan to prioritise UK medical graduates for foundation training places, and to prioritise UK medical graduates and other doctors with significant NHS experience for specialty training places. It will also prioritise graduates from medical schools in the Republic of Ireland, and from some other countries to reflect international agreements. Since the lifting of visa restrictions in 2020, UK-trained doctors have faced growing competition from overseas-trained doctors for specialty medical training posts, with applicants rising from **12,000** in 2019 to nearly **40,000** this year.
7. 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 HSC/NHS for longer and be better equipped to deliver healthcare tailored to our population because they better understand the local epidemiology.
8. Taxpayers spend over £4 billion training medics every year. It makes little sense for many of them to then be left struggling to get specialty training places and fearing for their futures.
9. This Bill will ensure a sustainable medical workforce that can meet the health needs of the population, will mean we are less reliant on an unpredictable labour market and can make best use of the substantial taxpayer investment in medical training. It will reduce competition for places and give homegrown talent a path to become the next generation of doctors.
10. Internationally trained doctors make a huge contribution to the health service and will continue to do so. Through the bill we are aiming to prioritise those internationally trained doctors that have significant HSC/NHS experience for training posts in future. We are not excluding anyone from applying for training places.
11. If we do not make this legislation, the number of applicants will continue to grow and the current bottlenecks into specialty training posts will worsen

Reasons for utilizing the Bill rather than an Act of the Assembly

12. Recruitment to medical training positions is undertaken nationally, rather than regionally.
13. Having UK-wide legislation protects national recruitment and enables Northern Ireland to benefit from a wider pool of applicants.

Consultation

14. The content of this Bill has been widely consulted with constitutional, equality and Windsor Framework senior counsels, who have indicated that they are content with the stated policy aim, i.e. to ensure that there is an employment pathway for UK and RoI graduates with UK medical training.
15. Due to the expedited timeframe for the introduction of this Bill, public consultation has not been undertaken.

Human Rights and Equality

16. The content of this Bill has been widely consulted with constitutional, equality and Windsor Framework senior counsels, who have indicated that they are content with the stated policy aim, i.e. to ensure that there is an employment pathway for UK and RoI graduates with UK medical training. As recruitment to these programmes is carried out on a national UK-wide level, all data pertaining to applications is held by the Department of Health and Social Care in England, who have therefore undertaken to complete relevant screening.
17. The analysis demonstrates that while this approach supports the aims of sustaining a domestic pipeline of doctors and ensuring all UKMGs can complete their basic medical education, it will likely alter the demographic composition of the Foundation Programme workforce over the longer term.
18. Recognising these risks, DHSC and the Devolved Administrations will ensure that they continue to monitor and evaluate the impacts of this policy

Financial Implications

19. There are no known financial implications for Northern Ireland

Summary of Regulatory Impact

20. The DHSC published an Impact Assessment which is available at :
<https://www.gov.uk/government/publications/impact-statement-medical-training-prioritisation-bill/medical-training-prioritisation-bill-impact-statement>
21. No Northern Ireland-specific impacts are anticipated beyond those identify for the impact of the provisions generally.

Engagement to date with the Committee for Health

22. Officials are due to brief the Committee for Health on 19 February 2026. While the Committee is aware that the Bill is in progress, engagement prior to this date has not been possible, with Executive approval for the LCM having been provided on 12 February 2026.

Conclusion

23. The view of the Minister of Health is that, in the interests of protecting national recruitment to medical training places, and in ensuring that those undertaking medical training will, as far as may be reasonably assured, remain withing the UK in the employment of NHS/HSC the provisions of this Bill should extend to Northern Ireland.

Department of Health
12 February 2026