

LEGISLATIVE CONSENT MEMORANDUM

Medical Training (Prioritisation) Bill

1. This legislative consent memorandum is laid under Standing Order (“SO”) 29.2. SO29 prescribes that a legislative consent memorandum must be laid, and a legislative consent motion may be tabled, before Senedd Cymru¹ if a UK Parliamentary Bill makes provision in relation to Wales that has regards to devolved matters.
2. The Medical Training (Prioritisation) Bill (“the Bill”) was introduced in the House of Commons on 13 January 2026. The Bill can be found at: <https://bills.parliament.uk/bills/4062/publications>

Policy Objectives

3. The policy objectives are to introduce a system of prioritisation for the allocation of medical training places. The primary objective of the Bill is to introduce a statutory, UK-wide prioritisation framework for allocating places on the UK Foundation Programme (UKFP) and specialty medical training programmes. The Bill seeks to ensure that UK medical graduates and certain other categories of applicants are offered training places ahead of all other [eligible] applicants in periods of oversubscription. Overall, the Bill’s intent is to protect training places for UK-educated doctors and to manage oversubscription by legally defining who must be offered training places first, while keeping flexibility for future workforce changes or international obligations.
4. The policy intent is to allow for the following:
 - a) To introduce a statutory, UK-wide prioritisation framework for allocating places on the UK Foundation Programme (UKFP) and specialty medical training programmes.
 - b) For medical foundation training, graduates of UK medical schools and Republic of Ireland medical schools are prioritised for places, along with others in a priority group - those with a primary medical qualification from an institution in Norway, Iceland, Liechtenstein or Switzerland – in line with existing international agreements.
 - c) For medical specialty training posts starting in 2026, prioritisation of graduates of UK medical schools. others in the priority group (those with a primary medical qualification from an institution in Ireland, Norway, Iceland, Liechtenstein or Switzerland), those who completed foundation training or a relevant earlier stage of training

¹ Please note in accordance with Welsh Government policy we refer to the legislature in Wales as “Senedd Cymru” on first use and “the Senedd” thereafter unless the context stipulates otherwise.

in the UK, and those with certain immigration status, which is being used as a proxy to capture applicants who have significant experience working in the NHS or health services in the other UK nations.

- d) For medical specialty training posts starting in 2027 onwards, prioritisation of graduates of UK medical schools, others in a priority group (those with a primary medical qualification from an institution in Ireland, Norway, Iceland, Liechtenstein or Switzerland), 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 in Health and Social Care in Northern Ireland.

Summary of the Bill

- 5. The Bill is sponsored by the Department of Health and Social Care.
- 6. The key provisions of the Bill are to create a legal requirement for the bodies that run UK medical training programmes to prioritise UK-trained doctors and certain other groups when offering places on the Foundation Programme and specialty training.
- 7. The Bill plans to:
 - a) Prioritise graduates from UK medical schools for Foundation Programme and specialty training places.
 - b) Creates a defined “priority group”—including Irish-trained doctors and medical graduates from Iceland, Liechtenstein, Norway and Switzerland—who must also be prioritised.
 - c) For 2026 only, adds temporary protections for:
 - i. People currently in UK medical training (e.g., Foundation doctors),
 - ii. British/Irish citizens,
 - iii. Commonwealth citizens with right of abode,
 - iv. People with Indefinite Leave to Remain (ILR) or EU Withdrawal Agreement rights.
 - d) From 2027 onwards, gives the Welsh Ministers or the Secretary of State with consent of Welsh Ministers the power to:
 - i. Set regulations describing people who either have significant NHS/HSC experience in the UK, or
 - ii. Prioritise people based on immigration status.

- e) Allows the Secretary of State with consent of Welsh Ministers to update the list of priority countries if needed to comply with future international agreements.
 - f. Sets out definitions of “UK medical graduate”, “UK Foundation Programme”, “UK specialty programme”, etc., for legal clarity.
8. Officials from the Welsh Government, Scottish Government, NI Government and UK Government have been in regular contact during the development of the Bill, meeting regularly along with separate meetings held by legal representatives from all four nations.
 9. We face significant operational challenges if we do not participate or align with England, including the potential need to establish a separate scheme. This could result in us having to create our own Foundation Programme in Wales, which—unless identical changes are introduced—would lead to similar oversubscription issues, as graduates would apply to multiple Foundation and Specialty Programmes.
 10. Health Education and Improvement Wales (HEIW) have warned that disrupting the UK-wide approach could create significant operational challenges, particularly if Wales is required to recruit independently and manage a surge in applications from International Medical Graduates (IMGs).
 11. If Wales were required to establish a separate training scheme, this would involve substantial time, resource and investment to design new systems, infrastructure and processes. Operating outside a UK-wide model would create a significant and potentially catastrophic risk to the continuity of Foundation Doctors and applicants for Specialty Programmes entering NHS Wales.
 12. A reduction in specialty training opportunities in Wales would further increase the risk of doctors leaving for other UK nations, leading to serious workforce shortages and making Wales a less competitive destination for future applicants.

Background to the Bill’s introduction

13. The Foundation Programme system has historically operated effectively on a four nations basis.
14. Demand for Foundation Programme places has risen sharply, driven by increased numbers of eligible IMGs, more UK nationals studying medicine overseas, and the expansion of UK medical school places.
15. With finite funding and training capacity, this growing pressure means the guarantee of a Foundation Programme place for all eligible applicants is becoming increasingly difficult to sustain.

16. Oversubscription pressures are most acute in England, where consideration had been previously given to consulting on prioritisation options, including placing UK medical graduates ahead of IMGs, however it was decided not to proceed with the consultation.
17. Similar pressures are emerging across Core and Specialty Training, where applications continue to rise as more Foundation Doctors are unable to secure subsequent training posts.

Provisions in the Bill for which consent is required

18. The Bill makes provision in the following areas:

Prioritisation framework

- a) Clauses 1 to 3 introduce a statutory system for prioritising allocation of medical training places. Clause 1 applies to UK Foundation Programmes, requiring offers to be made first to UK medical graduates and persons in a defined “priority group”. Clause 2 applies to offers for UK specialty training programmes made in 2026, setting out the categories of persons to be prioritised, including UK graduates, persons in the priority group, and those with certain immigration statuses. Clause 3 applies to interviews and offers for UK specialty training programmes from 2027 onwards and includes a regulation-making power to specify additional categories of persons who may be prioritised.

Interpretation and priority group

- b) Clause 4 defines key terms used in the Bill, including “UK medical graduate” and “priority group”. It also confers a regulation-making power on the appropriate authority to amend the list of countries in the priority group to reflect international agreements.

Scope of training programmes

- c) Clause 5 defines “UK specialty training programme” and related terms. It includes a regulation-making power to exclude programmes from the definition for the purposes of the prioritisation framework.

Regulation-making framework

- d) Clause 6 sets out general provisions on regulation-making powers, including the definition of “appropriate authority” (Secretary of State UK-wide and Welsh Ministers for Wales) and the ability to make consequential and supplemental provision. Clause 7 sets out the procedures for making regulations, including the application of the negative procedure for most powers and the affirmative procedure for regulations under Clause 4(6).

Final provisions

- e) Clause 8 makes provision on extent, commencement and short title. It includes powers for the Secretary of State to make regulations bringing provisions into force and to make transitional or saving provision.
19. The Medical Training (Prioritisation) Bill extends and applies to England and Wales, Scotland and Northern Ireland. The Bill introduces a statutory framework for prioritising allocation of medical training places across the UK and confers regulation-making powers on the appropriate authority, which includes the Welsh Ministers in relation to Wales. The overarching purpose of the Bill is workforce planning and medical education policy for doctors entering NHS practice, which is a devolved matter.
20. The overarching purpose of the Medical Training (Prioritisation) Bill is workforce planning and medical education policy for doctors entering NHS practice. These matters fall within the devolved area of health and health service workforce planning under section 108A of the Government of Wales Act 2006 (“GoWA”), and are not reserved by Schedule 7A. Accordingly, the majority of the Bill’s provisions would be within the Senedd’s legislative competence if contained in an Act of the Senedd.
21. The Bill provides Welsh Ministers with regulation-making powers in relation to medical training programmes in Wales (Clause 6(1)). There are two distinct approaches to regulation-making powers in the Bill:
- a) Clauses 3(1)(d), 3(2)(d) and 5(4)(d) adopt a shared “concurrent-plus” model. The Welsh Ministers have their own powers to make regulations for Wales, while the Secretary of State may make UK-wide regulations. Where those UK-wide regulations would include provision within the legislative competence of the Senedd, the Secretary of State must obtain the consent of the Welsh Ministers.
 - b) Clause 4(6) provides a concurrent power for both the Secretary of State and Welsh Ministers to amend the list of countries in the “priority group” to reflect international agreements. Unlike the concurrent-plus model, this power does not require Welsh Ministers’ consent when exercised by the Secretary of State.
22. For the reasons set out above, Clauses 1, 2, 3, 4, 5, 6, 7 and 8 are considered to make relevant provisions in relation to Wales that have regard to devolved matters and therefore an LCM is required to be laid in respect of these provisions under SO 29.

UK Government view on the need for consent

23. In the Explanatory Notes to the Bill, the Member confirms that the legislative consent process is engaged (in respect of Wales) by all clauses of the Bill.

The Explanatory Notes acknowledge that the Bill applies to the decision-making of Devolved Administrations and can be said to modify executive competence. I agree with this assessment.

Reasons for making these provisions for Wales in the Medical Education (Prioritisation) Bill - Welsh Government position on the Bill

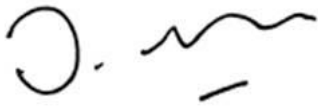
24. The Bill provides a statutory mechanism to ensure that UK medical graduates, and other categories of eligible applicants, can access the training places required to progress to full registration. Applications to the UK Foundation Programme and specialty training have increased in recent years, now exceeding the number of available posts. The Bill therefore establishes a prioritisation framework to be applied if limits on places are required, ensuring UK graduates and those within the defined priority group receive offers before other eligible applicants.
25. These provisions are necessary in Wales because the Foundation Programme and subsequent specialty training form the principal pathway into the medical workforce in NHS Wales. Maintaining access for UK-trained applicants is critical to safeguarding the future supply of doctors, supporting workforce planning, and ensuring continuity across Welsh training programmes administered by HEIW. The statutory prioritisation framework provides consistency across the UK system and reduces reliance on ad-hoc or temporary measures should capacity constraints arise.

Financial implications

26. There are no additional financial implications in Wales.

Conclusion

27. In my view it is appropriate to deal with these provisions in this UK Bill as a UK-wide prioritisation system is essential to protect training places for UK-educated doctors and manage rising oversubscription pressures. Supporting the Bill avoids the significant risks of Wales having to run a separate scheme, which would be costly, operationally complex and could undermine workforce continuity and competitiveness for NHS Wales.
28. Therefore, I recommend that the Senedd supports the proposals and gives its consent.

A handwritten signature in black ink, consisting of a stylized 'J' followed by a series of loops and a horizontal line.

Jeremy Miles MS
Cabinet Secretary for Health and Social Care
28 January 2026