EXPLANATORY MEMORANDUM TO

THE MEDICAL TRAINING (PRIORITISATION FOR SPECIALTY TRAINING PROGRAMMES) REGULATIONS 2026

2026 No. 1019

1. Introduction

1.1 This Explanatory Memorandum has been prepared by the Department of Health and Social Care and is laid before Parliament by Command of His Majesty.

2. Declaration

2.1 Karin Smyth, Minister of State for Health (Secondary Care) at the Department of Health and Social Care confirms that this Explanatory Memorandum meets the required standard.

2.2 Alan Robson, Deputy Director for NHS Workforce Supply at the Department of Health and Social Care confirms that this Explanatory Memorandum meets the required standard.

3. Contact

3.1 Jasmin Shepherd at the Department of Health and Social Care can be contacted by email at the following address with any queries regarding the Statutory Instrument (SI): NHSEducationandTraining@dhsc.gov.uk. Alternatively, the department can be contacted by telephone: 0300 790 4007.

Part One: Explanation, and context, of the Instrument

4. Overview of the Instrument

What does the legislation do?

4.1 The Medical Training (Prioritisation) Act 2026 ('the Act') introduced a system of prioritisation for the allocation of postgraduate medical training places across the UK. The Act prioritises the following individuals for specialty training: graduates of medical schools in the UK or Ireland; international medical graduates who studied in Iceland, Norway, Lichtenstein and Switzerland, to reflect international agreements; and individuals who have completed or are completing the UK Foundation Programme or the relevant previous stage of a UK specialty training programme. The Act also provides powers under sections 3(1)(d), 3(2)(d) and 3(3) to specify in regulations 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.

4.2 This instrument is made under sections 3(1)(d), 3(2)(d) and 3(3)(b) of the Act and lists the persons who must be prioritised for interviews and offers for UK specialty training programmes from 2027 onwards by reference to their immigration status. The persons listed by the Regulations are those who are:

a) a British citizen

b) a Commonwealth citizen who has the right of abode in the United Kingdom under section 2 of the Immigration Act 1971

c) an Irish citizen who does not require leave to enter or remain in the United Kingdom under that Act,

d) a person with indefinite leave to enter or remain in the United Kingdom, or

e) a person who has leave to enter or remain in the United Kingdom which was granted by virtue of residence scheme immigration rules within the meaning given by section 17 of the European Union (Withdrawal Agreement) Act 2020.

4.3 The persons set out for prioritisation under the Regulations are in addition to those already described in the Act.

4.4 In 2026, prioritisation only takes place when specialty training programme offers are being made. From 2027, prioritisation will occur when making offers for interviews and again when training programme offers are made.

Where does the legislation extend to, and apply?

4.5 The extent of this instrument (that is, the jurisdictions which the instrument forms part of the law of) is England and Wales, Scotland and Northern Ireland. The instrument also applies to England, Wales, Scotland and Northern Ireland.

5. Policy Context

What is being done and why?

5.1 The Act introduced a system of prioritisation for the allocation of medical training places in the UK, both for foundation training, a two-year work-based training programme for medical graduates, and for medical specialty training programmes, which follow foundation training and enable doctors to become a consultant or general practitioner.

5.2 Since the removal of the Resident Labour Market Test in 2020, UK-trained doctors have faced growing competition from overseas-trained doctors for postgraduate medical training posts, with total applicants for specialty training places rising from around 12,000 in 2019 to nearly 40,000 in 2026. While international medical graduates remain a valued part of the NHS workforce, increased unbounded competition threatened career progression, retention and the attractiveness of being a doctor in the UK. This was also undermining the Government's ambition to reduce the NHS's reliance on international recruitment and ensure a sustainable medical workforce. A commitment was therefore made in the 10 Year Health Plan for England[1] to prioritise UK medical graduates for foundation training, and to prioritise UK medical graduates and other doctors who have worked in the NHS for a significant period, for specialty training.

5.3 Prioritisation supports a move to a more sustainable domestically grown NHS medical workforce, reduces reliance on an unpredictable labour market and helps protect taxpayer investment in developing the next generation of NHS doctors. By creating a clear pathway from medical school to specialty training, we also strengthen domestic talent and improve retention. UK-trained doctors are more likely to remain in the NHS longer, have a better understanding of UK-specific epidemiology and are better equipped to work in the NHS.

5.4 The Act had a significant impact on specialty training competition in 2026 by halving competition ratios, with prioritised doctors filling 98% of roles in the main round of allocation. Overall, 33,953 applications successfully met the required appointable

[1] https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future

level for one of 9,315 specialty training places in 2026, which is equivalent to a competition ratio of 4:1; that is, four applicants per training place. Of these 33,953 applicants, 16,066 were prioritised candidates, meaning that the effective competition ratio among prioritised applicants was approximately 2:1.

5.5 For specialty training offers made in 2026, the Act provided for the prioritisation of individuals holding specified immigration statuses, namely British, Irish citizens who do not require leave to enter or remain in the UK, Commonwealth citizens with the right of abode, individuals with indefinite leave to enter or remain in the UK and persons with leave to enter or remain in the UK by virtue of residence scheme immigration rules under s17 of the European Union (Withdrawal Agreement) Act 2020.

5.6 For specialty training offers made in 2027 onwards, the immigration status provisions do not apply automatically. Instead, the Act provides powers under sections 3(1)(d), 3(2)(d) and 3(3) to specify by regulations additional groups to be prioritised, by reference to criteria indicating significant experience of working as a doctor in the NHS in England, Wales or Scotland or Health and Social Care in Northern Ireland, or by reference to their immigration status.

5.7 Having considered the available evidence, the Secretary of State has decided to use these powers and lay Regulations reinstating the existing immigration status provisions for further recruitment rounds from 2027 onwards.

5.8 The immigration statuses specified in these Regulations have been chosen as a practical and proportionate proxy for identifying applicants who are likely to have significant NHS experience. They capture persons who have a permanent, unrestricted right to live and work in the UK. While immigration status is not a direct measure of NHS experience, individuals holding these statuses are more likely to have worked in the UK for a significant period of time or to remain working in the NHS for longer, compared with individuals with temporary immigration status.

5.9 The Government will keep this approach under review and will assess evidence from further recruitment rounds to determine whether immigration status remains an appropriate proxy, or whether an alternative approach should be adopted for future recruitment rounds. The evidence available from the 2026 recruitment round is necessarily limited, as prioritisation arrangements were introduced after applications had already been submitted and could therefore have had little effect on applicants' behaviour. Recruitment data from future recruitment rounds will provide a clearer understanding of how applicants respond to the legislation, including any effects on application patterns and competition ratios.

What was the previous policy, how is this different?

5.10 Before the Act was introduced, there was no system of prioritisation for specialty training places, either in legislation or in the operational arrangements for recruitment. The Act introduced prioritisation as described above. These Regulations replicate the immigration status criteria that were used for the prioritisation of applicants for specialty training places in 2026 under the Act, for 2027 onwards. It stipulates that these criteria will be used when deciding which applicants to prioritise for offers of places, as per in 2026, but also to prioritise for interview. This is consistent with the prioritisation of other groups of people under the Act, which will apply at both interview and offer stage from 2027 onwards.

6. Legislative and Legal Context

How has the law changed?

6.1 Each UK nation has its own Statutory Education Body (SEB), which is responsible for overseeing, funding and delivering medical education and training. These are NHS England, the Common Services Agency for Scotland, known as Public Services Delivery Scotland, Health Education and Improvement Wales and the Northern Ireland Medical and Dental Training Agency. Before the Act was introduced, there was no statutory framework that dealt with recruitment to postgraduate medical training posts, including specialty training. The Act does not affect how the relationships between the various SEBs are managed, or eligibility for accessing training. However, it does establish a statutory process through which people in the prioritised groups will be offered interviews and posts before non-prioritised applicants.

6.2 The same immigration statuses as were used for prioritising for offers in 2026 are maintained in the regulations. However, regulation 4 provides that those persons will also be prioritised at the stage of offering interviews for places on UK specialty training programmes. The effect therefore of these regulations is that those with particular immigration statuses will be offered interviews for places on UK specialty training programmes, and places on those programmes, before other eligible applicants from 2027.

Why was this approach taken to change the law?

6.3 The Act contains powers at section 3(1)(d), 3(2)(d) and 3(3)(b) to describe in regulations persons who must be prioritised by reference to their immigration status. It is these powers to make regulations that enable prioritisation based on immigration status to take place. The Act alternatively enables the making of regulations to prioritise persons based on criteria which indicate significant experience of working as a doctor in the NHS or in Health and Social Care in Northern Ireland.

6.4 However, based on the evidence available, we consider that the use of the immigration statuses remains an appropriate proxy to capture applicants most likely to have significant NHS experience.

6.5 Planning for the health workforce and access to medical training is devolved in the UK, with each nation's government having responsibility for their own area. As such whilst the Act empowers the Secretary of State to make regulations in relation to medical training programmes anywhere in the UK (at section 6(1)(a)), it also empowers the Welsh Ministers to make regulations in relation to medical training programmes in Wales, the Scottish Ministers to make regulations in relation to medical training programmes in Scotland and the Department of Health in Northern Ireland to make regulations in relation to medical training programmes in Northern Ireland. Each Devolved Government could therefore have made regulations in respect of the recruitment programmes for their nation. However, in practice, specialty training programmes are delivered on a UK-wide basis and recruitment is currently managed by NHS England on behalf of the Devolved Governments and their SEBs.

6.6 In keeping with that approach and with the consent of the Devolved Governments, the Secretary of State makes these regulations in relation to specialty training programmes for all parts of the UK and prioritisation by reference to immigration status will be implemented across the UK. Section 7(3) of the Act requires the Secretary of State to obtain the consent of the Welsh and Scottish Ministers and the

Department of Health in Northern Ireland before making these regulations and that consent has been obtained.

7. Consultation

Summary of consultation outcome and methodology

7.1 In May 2026, NHS England undertook a targeted engagement exercise with a range of stakeholder organisations. The aim of this exercise was to collect evidence and views to inform policy development on the best way to define significant NHS experience for the purposes of prioritisation for specialty training from 2027 onwards, as well as whether there is ongoing merit in continuing to use immigration status as a basis for prioritisation. This followed a commitment made during the Act's Parliamentary passage. NHS England undertook this engagement on behalf of the four UK Governments. This comprised an online workshop and a written questionnaire. Stakeholders included the Royal Colleges, NHS Providers, bodies representing international medical graduates, trade unions, the General Medical Council, think tanks and medical schools. Stakeholders expressed a range of views, and no single consensus position emerged. The responses did not provide the Secretary of State with a sufficiently robust evidence base to set criteria that indicate that applicants are likely to have significant experience of working as a doctor in the NHS or Health and Social care in Northern Ireland. Consequently, the decision was made to continue to use immigration statuses to prioritise individuals for specialty training posts. We consider that immigration statuses are an appropriate proxy to capture applicants most likely to have significant NHS experience.

7.2 The Department of Health and Social Care has agreed and developed the content of these regulations with the Devolved Governments, who provided consent to make the Statutory Instrument on a UK-wide basis.

8. Applicable Guidance

8.1 This legislation does not implement or require guidance.

Part Two: Impact and the Better Regulation Framework

9. Impact Assessment

9.1 A full Impact Assessment has not been prepared for this instrument. An impact statement was published in relation to the provisions in the Medical Training (Prioritisation) Bill on 14 January 2026. This instrument maintains, for specialty training recruitment rounds from 2027 onwards, the immigration status criteria used in 2026. This instrument is therefore not expected to give rise to significant additional impacts beyond those already covered in the Act. However, there may be a small operational impact associated with these prioritisation criteria applying at interview stage as well as when posts are offered from 2027.

Impact on businesses, charities and voluntary bodies

9.2 There is no anticipated impact on business, charities or voluntary bodies because the legislation regulates only the activity undertaken by NHS England and the SEBs in Wales, Scotland and Northern Ireland in deciding which applicants to prioritise for the allocation of specialty training places. It does not place any additional requirements on the employer organisations of these trainees.

9.3 The legislation does not impact small or micro businesses.

9.4 There is no, or no significant, impact on the public sector. For the Act, there were some implementation costs to adapt the recruitment process and IT systems. This legislation maintains, for specialty training recruitment rounds from 2027 onwards, the immigration status criteria used in 2026, with the difference of prioritising at both interview and when posts are offered. We anticipate that this will not result in any further significant implementation costs.

10. Monitoring and review

What is the approach to monitoring and reviewing this legislation?

10.1 The Department of Health and Social Care will keep these regulations under review to ensure they deliver their policy intent. We will assess the evidence from further recruitment rounds and consider whether immigration status remains an appropriate proxy, or whether an alternative approach should be adopted for implementing the policy intention of prioritising doctors with significant NHS experience for future recruitment rounds.

10.2 The instrument does not include a statutory review clause.

Part Three: Statements and Matters of Interest to Parliament

11. Matters of special interest to Parliament

11.1 None

12. European Convention on Human Rights

12.1 As the instrument is subject to the negative procedure and does not amend primary legislation, no statement is required.

13. The Relevant European Union Acts

13.1 This instrument is not made under the European Union (Withdrawal) Act 2018, the European Union (Future Relationship) Act 2020 or the Retained EU Law (Revocation and Reform) Act 2023 ("relevant European Union Acts").