



Department
of Health &
Social Care

*From Baroness Merron
Parliamentary Under-Secretary of State for
Women's Health and Mental Health*

*39 Victoria Street
London
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20 February 2026

Dear Baroness Gerada,

UK MEDICAL TRAINING (PRIORITISATION) BILL – MALTA

Thank you for your contribution to the recent debates on the UK Medical Training (Prioritisation) Bill and for the constructive way you have engaged with this vital Bill. I wanted to write to address the important points you have raised, in person and in writing, regarding Malta and the Bill's impact on Maltese medical graduates.

I recognise your personal perspective as someone with Maltese heritage, and your broader concerns about our historic relationship with Malta in relation to health and social care. Maltese doctors make a significant contribution to the NHS. I want to assure you that the Government values this contribution enormously and that nothing in this Bill is intended to diminish it. The UK's longstanding partnership with Malta on healthcare will continue.

I have listened closely to concerns about the treatment of applicants graduating in Malta raised throughout the Bill's passage. While I am sympathetic to these concerns, I should be clear upfront that we are unable to support amendments which seek to prioritise Malta-trained graduates or other graduates from overseas campuses of UK medical schools for foundation or specialty training. Prioritising these individuals would undermine our aims to build UK-trained capacity and ensure a sustainable medical workforce.

The Bill rightly prioritises doctors for foundation and specialty training based on where they are trained and also prioritises others with significant NHS experience for specialty training. These doctors are more likely to work in the NHS over the long term and be better equipped to deliver healthcare tailored to the UK's population because they better understand the UK's epidemiology.

British taxpayers invest over £4 billion each year in training doctors from medical school, foundation and into specialty training. Prioritising UK-trained graduates will protect this investment and ensure that the NHS has a more sustainable medical workforce, in the context of increased global competition for medical staff.

Prioritising graduates from overseas campuses would also undermine social mobility and access into medicine, when we need to dramatically improve access to this profession for those from disadvantaged backgrounds. Those campuses are commercial ventures and students are generally self-funded.

I will try to address the specific issues you have raised in turn.

Queen Mary University of London's Malta Campus

You raised concerns about the Queen Mary University of London (QMUL) Malta campus, noting the investment made to establish the programme. I am aware that you have since tabled amendments ahead of Report which seek to ensure that graduates are prioritised for foundation and specialty training when they hold a UKPMQ by virtue of studying at an overseas campus in existence at the point of Royal Assent of the Bill; and to provide a regulation making power, subject to the affirmative procedure, to cap the number of places provided to such graduates.

The QMUL Malta campus delivers medical education sitting under the GMC's approval of QMUL as an awarding institution for UK primary medical qualifications. In debates you emphasised several key points about the diverse cohorts on the programme and that many are British citizens. I also noted your points that the numbers involved are small, which you suggested would not present a workforce risk, and that that given the longstanding practice of QMUL graduates going onto the UK Foundation Programme, this raises issues of fairness and legitimate expectation.

I understand these concerns, but this is an issue of workforce planning and workforce sustainability. The principle underpinning the Bill is to create a sustainable domestic workforce, not based on where a student is born, but where they are trained. This is because doctors trained in the UK are more likely to work in the NHS for longer. In addition, while assessments and course learning at overseas campuses may be the same as those in UK-based medical schools, students will not have undertaken the same amount of clinical placements in the UK. These clinical placements help ensure familiarity with the NHS, local health needs and epidemiology in the UK. Prioritising applicants with this experience strengthens delivery of our aim to deliver a workforce that can best meet population health needs.

Graduates of international overseas campuses of UK medical schools do not form part of the UK's workforce planning. Prioritising these applicants would create issues for foundation training in particular. The Government sets medical school places based on the needs of the UK's health system. We can control the number of medical school places in the UK and set this number according to NHS needs, but we have no control over student recruitment at overseas campuses operated by UK medical schools. In recent years, Foundation Programme posts have been created to accommodate any eligible applicant who applies regardless of where they have studied. This has created a financial pressure on the NHS to fund salaries and training for posts that are not operationally needed and a pressure on Trusts to provide high quality training places with appropriate education supervision. This is funding that cannot be spent on other priorities, including increasing specialty training places.

In your letter of 16 February, you noted practical solutions suggested by noble Lords which seek to restrict future eligibility. I recognise that the amendments you tabled recently seek to achieve this aim by ensuring that graduates of overseas campuses of UK medical

schools are only prioritised where the campuses exist at the point of Royal Assent, and to enable the Government to limit how many of these graduates can be prioritised.

While I recognise the intention behind such proposals, they would still mean that we would be funding more posts than we need. Current UK Foundation Programme applications for 2026 show almost 300 applicants from overseas campuses of UK and Republic of Ireland medical schools. This is a significant number, and to prioritise this group would require substantial additional spending for posts we do not operationally need.

Specialty Training Arrangements for Maltese Doctors

You raised a particular concern about the approximately fifty doctors each year who undertake elements of their specialty training in the NHS under a special arrangement where the Maltese Government covers 70% of their salary, with a contractual agreement that these doctors return to Malta. These doctors come to the UK to undertake training they cannot access in Malta, for example gaining broader clinical experience in specialties such as haematology, where they can gain experience of a wider range of conditions such as sickle cell disease.

I want to be clear: this arrangement is not affected by this Bill. Doctors training in Malta will still be able to come to the UK to gain NHS experience to support their training outside of the UK specialty training programmes, for example through fellowship schemes. In addition, applicants may continue to work in the NHS outside formal specialty training programmes, including in Locally Employed Doctor roles. Experience gained through such roles will support future progression and, in due course, may place individuals within a priority group for specialty training in future years based on significant NHS experience.

Senior officials in my department have met with the High Commissioner of Malta to the United Kingdom to provide reassurance on these points.

The Malta Foundation School

Malta has its own Foundation School, which is not part of the UK Foundation Programme but is affiliated with the UK Foundation Programme Office, which administers the UK programme. This affiliation means that the Malta Foundation School delivers the same curriculum and offers the same education and training as the UK Foundation Programme. The Bill will have no impact on this affiliation or on the close working relationship we maintain with the Government of Malta on health matters.

The Malta Foundation Programme also creates an important opportunity for QMUL Malta graduates who can pursue internship/foundation routes in Malta (and, where relevant, other countries) to reach full GMC registration. In that context, it is difficult to justify prioritising UK training posts for cohorts whose primary training has been delivered overseas, particularly where numbers are small and Malta can plan for its own output.

Adding Malta to the list of countries in Clause 4

Turning to the Amendment you tabled at Committee which sought to add Malta to the list of prioritised countries set out in Clause 4. This amendment would have the effect of requiring that those who hold a primary medical qualification from an institution in Malta, irrespective of their nationality and from any medical school in Malta, would be prioritised for foundation and specialty training.

As I informed noble Lords at Committee, the countries listed in Clause 4 have been included to reflect existing international agreements which make it necessary to offer parity of access to the workforce. This currently applies to the European Free Trade Association countries, namely Iceland, Norway, Liechtenstein and Switzerland. For Iceland, Norway and Liechtenstein, the agreement was made in July 2021, and Switzerland was in 2019. In practice not all of these countries will have eligible applicants. The 1975 UK-Malta Reciprocal Healthcare Convention, which will continue and is not affected by the Bill, is wholly related to reciprocal access to healthcare, not access to training or employment related to medical training. The Bill does include a power to amend the list of countries in Clause 4 to reflect any future international agreements the UK may enter into.

In conclusion, the Government's approach to prioritisation for recruitment to foundation and specialty training places in the UK is designed to ensure a sustainable workforce that meets health needs. This is neither a withdrawal from our historic partnerships nor a devaluing of international contributions to the NHS, contributions that you have exemplified through your own distinguished career and your family through their service. Rather, it reflects our responsibility to ensure that the very significant public investment in medical training is aligned with long-term workforce planning and NHS sustainability.

Finally, this Bill does not prevent any eligible applicant from applying for foundation or specialty training; it simply implements a process of prioritisation. I know you are aware of this, but it bears restating,

I hope this letter provides the clarity and reassurance you were seeking. We remain committed to ensuring that our historic healthcare partnership with Malta continues to flourish. I will deposit this letter in the libraries of both Houses.

All good wishes,

A handwritten signature in dark ink, appearing to read 'Gillian', with a stylized flourish underneath.

BARONESS MERRON