



Department
of Health &
Social Care

*From Baroness Merron
Parliamentary Under-Secretary of State for
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*39 Victoria Street
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My Lords,

Thank you for your contributions during Committee on the Medical Training (Prioritisation) Bill. I am writing to provide the additional information that was requested by Noble Lords who spoke to Group 3 of amendments.

Overseas campuses of UK medical schools

Subject to the Parliamentary passage of the Bill, British citizens and others who have graduated from medical schools outside the UK will not be prioritised for the UK Foundation Programme. In addition, a graduate from a medical school in the UK will not be prioritised if they spent the majority of their time studying outside the British Islands, and a graduate from a medical school in Ireland will not be prioritised if they spent the majority of their time studying outside Ireland.

I am aware the Baroness Gerada recently 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.

Amendments 15, 16, 17, 20 and 21 at Committee similarly sought to require that graduates of overseas campuses of UK medical schools be prioritised for foundation and specialty training.

While I appreciate the intention behind these amendments, I explained to the House on 12 February the reasons why the Government is unable to support them. Prioritising these graduates would undermine our aim to build UK-trained capacity, to keep foundation training numbers aligned with the NHS workforce we are planning for and to manage bottlenecks in specialty training.

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. 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.

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 our aim of greater social mobility and access into medicine, when we need to dramatically improve access to this profession for those from disadvantaged backgrounds from across our communities. Those campuses are commercial ventures and students are generally self-funded.

In addition, graduates of international overseas campuses of UK medical schools do not form part of the UK's workforce planning and 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.

I understand that Amendments 15 and 16 aimed to restrict future eligibility by prioritising only those medical schools approved before 1 January 2026, and similarly Amendment 17 aimed to restrict future eligibility by prioritising only overseas campuses of medical schools that are extant on the day the Act is passed. The noble Lord, Earl Howe also asked whether the Bill should be used to limit the number of medical graduates trained by overseas campuses of UK medical schools.

I recognise the intention behind such proposals and the amendments tabled more recently by Baroness Gerada. However, 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 Irish medical schools. This is a significant number, and to prioritise this group would require substantial additional spending for posts we do not operationally need.

The noble Lord, Lord Stevens, suggested that overseas campuses could be controlled indirectly through their UK partner medical schools, for example by withholding funding provided by the Office for Students (OfS) to English institutions. The OfS strategic priorities grant funding is designed to support funding of high-cost subjects that cannot be funded adequately through tuition fees alone and it would not be appropriate to tie payments to other conditions. Furthermore, this would reduce the number of medical graduates who have trained entirely in the UK and experienced clinical placements with our hospitals, and replace them with graduates who have not had any experience of clinical placements in the NHS.

That said, the Government recognises the concerns that have been expressed about students who are approaching graduation from overseas campuses. While these graduates will not be prioritised under the arrangements set out in the Bill, they will continue to be eligible to apply for Foundation Programme places and will be able to secure a post where places remain available. In addition, many will have opportunities to undertake foundation or equivalent training overseas, not least in the countries where they have studied, meaning that they are not left without progression routes.

Republic of Ireland

The Bill, subject to Parliamentary passage, prioritises applicants who are graduates from Republic of Ireland medical schools but have not spent the majority of their time studying for their degree outside Ireland.

Amendment 18 sought to require that a person who holds a primary medical qualification from an institution in Ireland would be in the priority group only if they spent at least 60% of their time training for that qualification in Ireland.

As I explained on 12 February, the Government is unable to accept amendment 18 as this would create differing criteria for prioritising UK and Irish graduates and would risk disrupting shared arrangements between the UK and Ireland.

The inclusion of Republic of Ireland graduates reflects the special nature of the relationship that the UK has with Ireland, which is unlike its relationship with any other country. Equivalent treatment for graduates of Irish universities reflects this relationship. Without the equivalent treatment of Irish medical graduates, a person educated in the Republic of Ireland would be denied employment opportunities in Northern Ireland or Great Britain on the same terms as a person educated in Northern Ireland. This would limit the ability to move freely across the island of Ireland and across Great Britain and Ireland for education. In addition, Ireland also has similar epidemiology to the UK, which means that Ireland-trained medical graduates are likely to be well-equipped to deliver healthcare tailored to the UK population.

I promised to write to the noble Baroness, Lady Finlay, about whether graduates from the Bahrain campus of the Royal College of Surgeons in Ireland (RCSI) will be prioritised for the purposes of this Bill. Graduates from the Bahrain campus of the RCSI, will not be prioritised for foundation or specialty training where they have spent the majority of their time training for that qualification outside Ireland. I would like to reassure all noble Lords that the approach in the Bill to graduates from UK and Irish medical schools, including overseas campuses of UK and Irish medical schools, is identical.

Malta

As noble Lords will know, the issue of Malta has been raised in Second Reading and in the Committee debate. I have promised to write to the noble Baroness, Lady Gerada, substantively on this issue, which I will do by separate letter.

With respect to the specific Amendment 19 tabled by the noble Baroness, Lady Gerada, which sought to add Malta to the list of prioritised countries set out in Clause 4. This 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, are prioritised for foundation and specialty training.

As I informed noble Lords at Committee Stage, the countries listed in Clause 4 have been included to reflect existing international agreements which make it necessary to ensure parity of access to the workforce. This currently applies to the European Free Trade Association countries. 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.

I would like to reiterate that the UK's longstanding partnership with Malta on healthcare is highly valued and will continue. The Bill will not affect the existing fellowship scheme with Malta. Doctors training in Malta will be able to come to the UK to undertake elements of their non-specialty training in areas where Malta cannot realistically provide full training exposure. 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 under the longer term approach to prioritisation based on significant NHS experience. The Bill will have no impact on the affiliation between Malta's Foundation School and the UK Foundation Programme Office, which administers the UK programme. Senior officials in my Department have met with the High Commissioner of Malta to the United Kingdom to assure him of these points. I have also received a positive 'letter of acknowledgement' from the Health Minister in Malta.

To be absolutely clear, individuals with a primary medical qualification from Malta will still be able to apply for foundation and specialty training places, and they will be considered for any places that are left after prioritisation. But it would be at odds with the aims of the Bill for them to be prioritised for these places.

I hope this letter reassures my noble Lords of the Government's position on these matters. 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