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Convener
Health, Social Care and Sport Committee
Scottish Parliament
Edinburgh
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19 February 2026

Dear Clare,

Following my recent appearance at committee on 10 February on the Medical Training (Prioritisation) Bill, please find further information below in relation to questions raised.

International Medical Graduates (IMGs) in Locum Appointment for Training (LAT) and Clinical Fellow posts

There are 108 Locum Appointment for Training posts in Scotland of which 47 are filled by International Medical Graduates.

Clinical Fellow posts are locally-employed roles which can vary in terminology and contract, e.g. Clinical Fellow, Clinical Development Fellow, Clinical Teaching Fellow, Clinical Research Fellow. This variation in reporting can make detailed identification through the official workforce statistics compiled by NHS Education for Scotland (NES) challenging. Within these statistics, locally employed doctor roles tend to be captured within the group definition of "Others" which will also include some dental roles and salaried and out of hours GP roles. Current data indicates that there are 326 IMGs in the "Others" grouping, out of a total headcount of 2,470, but from the official statistics there is no way of identifying which clinical role these doctors belong to. Based on alternative data sources, there are estimated to be around 1,500 locally employed doctors in Scotland.

Monitoring the equalities impacts of the Bill, including in relation to International Medical Graduates

As I set out during the evidence session on 10 February, monitoring of recruitment rounds to specialty training is carried out regularly.

We will undertake ongoing monitoring and evaluation of the impact of the reforms set out in the Bill through the Medical and Dental Recruitment Service (MDRS) group (which is the existing operational delivery forum for 4-nation medical training recruitment, in which NES represents Scotland) and consider any changes or further policy interventions that may be

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needed to secure a sustainable medical workforce, for example additional support for any specific specialties or regions. This ongoing monitoring will include the analysis of recruitment data to understand any changes to fill rates (and variations across demographic groups). This will include a focus on specialties that historically attract fewer applicants from prioritised groups. We will also continue to work with NES (and wider stakeholders) to understand any wider impacts on medical training or service delivery.

Support for Ukrainian doctors and sharing of qualifications

We know that people displaced from Ukraine, and New Scots more broadly, often bring a range of skills and experience which can be a real asset to employers as well as to Scotland's communities and, in the case of health professionals, our NHS.

We are proud of our record supporting people displaced from Ukraine, refugees, people seeking asylum and our communities. This has been made possible through the pioneering and collaborative approach of the New Scots Refugee Integration Strategy which is led by the Scottish Government, COSLA and Scottish Refugee Council.

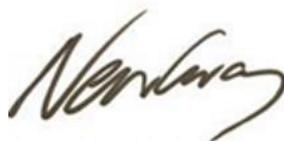
We recognise the importance of employability to support the integration of New Scots, and the significant barriers challenges that New Scots can face in accessing employment, such as language and the recognition of overseas qualifications.

Scottish Government is supporting the Refugee Doctors Project run by Bridges Programmes. This project supports doctors arriving in the UK to obtain General Medical Council registration and to be ready to work within the NHS. It is open to any New Scots with English as a second or other language.

There are however regulatory considerations that are outwith my control. As the Committee is aware, the General Medical Council (GMC) is the independent regulator for all doctors practising in the UK and it has a statutory duty to ensure that those who are providing medical care have demonstrated that they are appropriately qualified and safe to practise. Although the GMC is accountable to the UK Parliament, it sets its regulatory processes independent of government. It is therefore the GMC's responsibility to determine the requirements that individuals must meet to join its register, including the criteria for primary medical qualifications.

I would like to thank the Health, Social Care and Sport Committee for the opportunity to provide further information on the topics raised in the session on 10 February. I trust the information provided above is helpful to Committee members.

Yours sincerely,



NEIL GRAY MSP

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