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NHS Hot Topics 2026 — What You Need to Know and How to Talk About Them in an Interview

Made by Haroon | 98% offer rate across tutored students, 2026 cycle

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One of the most common interview questions for medicine and dentistry applicants is some version of "tell me about a current issue in the NHS." A lot of applicants either pick a topic they don't really know well enough, or they talk about it in a completely one-sided way that makes them sound like they've just read a newspaper headline rather than actually thought about it.

This guide covers five topics that are genuinely relevant right now. For each one you'll get the key facts, the tensions and trade-offs involved, and how to talk about it in a way that shows balanced, mature thinking — which is exactly what interviewers are looking for.

One important reminder before you start: pick one topic and know it properly rather than trying to mention all five. Depth always beats breadth in an interview setting.

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1. NHS Waiting Lists

The issue: NHS waiting lists in England reached record levels in recent years, with millions of patients waiting for elective treatment. Waiting times for diagnostics, outpatient appointments and surgery have all been significantly longer than the NHS's own targets, and this has had a real impact on patient outcomes — conditions that could have been caught and treated early have been picked up later, when they're harder to manage.

Why it matters clinically: Delayed treatment isn't just an inconvenience. For conditions like cancer, heart disease and mental health crises, waiting longer directly affects prognosis. It also creates a two-tier system in practice — patients who can afford private care access treatment quickly while those who can't are left waiting, which raises serious questions about equity of access to healthcare.

On the other hand: The NHS has been actively working to reduce the backlog through initiatives like the Elective Recovery Plan, additional funding for extended hours and weekend operating lists, and the use of independent sector hospitals to increase capacity. There has been measurable progress in some areas, with the number of patients waiting over 18 months falling significantly. The problem is real but it is being addressed — slowly, and with significant resource constraints, but it is not being ignored.

How to talk about it in an interview: Acknowledge the scale of the problem and its real impact on patients. Then show you understand why it exists — the pandemic accelerated an existing problem that was already building due to chronic underfunding and workforce shortages. Then acknowledge what's being done about it and give your own view on whether the current approach is sufficient. A good answer doesn't just say "waiting lists are too long" — it shows you understand the systemic reasons behind the problem and can think about solutions with some nuance.

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2. Mental Health Service Underfunding

The issue: Mental health services in the NHS have historically received significantly less funding per patient than physical health services, despite mental illness accounting for a large proportion of the overall disease burden in the UK. Access to talking therapies, psychiatric inpatient beds and community mental health teams has been consistently inadequate relative to demand, with long waits for treatment that in some cases stretch into years.

Why it matters clinically: Untreated mental illness doesn't stay contained. It affects physical health, employment, relationships and quality of life in ways that ultimately cost the NHS more in the long run — people in mental health crises frequently end up in A&E because there is nowhere else for them to go, which is an expensive and often ineffective response to what should have been managed much earlier in the care pathway. The inequality between how mental and physical health are resourced and treated is something the medical profession has been pushing to address for decades.

On the other hand: Mental health spending has increased in recent years, and NHS England has committed to parity of esteem — the principle that mental health should be treated with the same urgency and resource as physical health. The expansion of IAPT (Improving Access to Psychological Therapies) services has helped more people access talking therapies, and waiting time targets for some services have improved. The challenge is that demand has grown faster than the increase in provision, particularly following the pandemic, which significantly worsened population mental health.

How to talk about it in an interview: This is a topic where showing genuine understanding of the social determinants of mental health — not just the clinical side — will set you apart. The best answers acknowledge both the resource issue and the cultural one: mental health has historically been stigmatised in a way that physical health hasn't, and that has shaped how seriously it's been taken at a policy level. Show that you understand why parity of esteem matters and what it would actually look like in practice.

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3. GP Shortages and the Future of Primary Care

The issue: The NHS is facing a significant shortage of GPs, with many practices operating under serious strain and patient access to appointments becoming increasingly difficult in many parts of the country. GP numbers have not kept pace with population growth or with the increasing complexity of the patients GPs are being asked to manage, and many experienced GPs are leaving the profession or reducing their hours due to burnout and workload pressure.

Why it matters clinically: GPs are the front door to the NHS. When primary care is under strain, the knock-on effects spread across the entire system — patients who can't see a GP end up in A&E, conditions that should be managed in the community end up requiring hospital admission, and preventative care gets deprioritised in favour of managing acute crises. A functioning primary care system is essential to everything else working properly.

On the other hand: The government has committed to training more GPs and increasing the GP workforce, and there has been investment in expanding the primary care team model — bringing in pharmacists, physiotherapists, mental health workers and physician associates to work alongside GPs and share the workload. This model, sometimes called the Primary Care Network approach, is genuinely promising in terms of making better use of the existing healthcare workforce. Whether it goes far enough and fast enough is a legitimate debate, but it represents a real structural response to the problem rather than just more of the same.

How to talk about it in an interview: Show that you understand the role of primary care in the wider system — not just that there aren't enough GPs, but why that matters for everything downstream. The most interesting angle here is the workforce pipeline question: why are people choosing not to go into general practice, and what would need to change to make it more attractive as a specialty? That shows you're thinking about solutions, not just problems.

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4. AI in Medicine and Diagnostics

The issue: Artificial intelligence is increasingly being used in medical diagnostics — particularly in radiology, pathology and screening programmes — with some AI tools demonstrating diagnostic accuracy comparable to or exceeding that of experienced clinicians in specific, narrow tasks. This raises important questions about the future role of doctors, the reliability of AI in clinical settings, and how responsibility and accountability should work when AI is involved in clinical decisions.

Why it matters clinically: The potential upside is significant. AI tools that can analyse medical images quickly and accurately could help address diagnostic backlogs, reduce the rate of missed diagnoses, and extend specialist-level diagnostic capability to settings where access to specialists is limited. In a system under as much pressure as the NHS, tools that improve efficiency and accuracy without proportionally increasing cost are genuinely valuable.

On the other hand: There are real concerns that need to be taken seriously. AI systems trained on particular populations may not perform equally well across diverse patient groups, raising equity concerns. The question of accountability when an AI contributes to a diagnostic error is legally and ethically unresolved. And there is a risk that over-reliance on AI erodes clinical skills in the workforce — if doctors defer to AI tools rather than developing their own diagnostic judgment, that has long-term implications for the quality of human clinical decision-making. The strongest view on this topic is not that AI is good or bad — it's that it needs to be integrated thoughtfully, with robust validation, clear accountability frameworks, and ongoing investment in the human skills that AI cannot replicate.

How to talk about it in an interview: This is a topic where showing intellectual curiosity will serve you well. You're not expected to have all the answers — you're expected to show that you've thought about the question seriously. The best answers engage with both the opportunity and the risk, and show an understanding that the question isn't really about technology — it's about how medicine uses tools to serve patients better while maintaining the human judgment that sits at the core of clinical practice.

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5. The Dentistry Access Crisis

The issue: Access to NHS dentistry in the UK has reached a serious crisis point. Large numbers of NHS dental practices are not accepting new patients, and in some parts of the country — particularly rural areas — NHS dental care is effectively unavailable. The result is that people are either going without dental care, paying for private treatment they can't easily afford, or in some extreme cases attempting to treat their own dental problems at home.

Why it matters clinically: Oral health is directly connected to general health in ways that are often underestimated. Poor oral health is linked to cardiovascular disease, diabetes complications, and adverse pregnancy outcomes, among other things. It is also deeply connected to mental health and quality of life. A system where access to basic dental care is determined by where you live or how much money you have is one that produces predictable and avoidable health inequalities.

On the other hand: The government has introduced reforms to the NHS dental contract, which has historically been structured in a way that made NHS work financially unviable for many practices compared to private work. The new patient premium — additional payments for treating new NHS patients — is an attempt to incentivise practices to open their books. There is also investment going into training more dental professionals and expanding the role of dental therapists and hygienists in providing routine care. Whether these reforms go far enough is genuinely debated, but they represent an acknowledgement that the existing contract model was broken and needed to change.

How to talk about it in an interview (dentistry applicants especially): If you're applying for dentistry, you should know this topic in real depth. The contract reform issue is particularly important — the way NHS dentists are paid has been a structural problem for years, and understanding why that matters shows you've engaged seriously with the profession you're trying to enter. Show that you understand the tension between the NHS's

commitment to universal access and the economic reality of running a dental practice, and that you've thought about what genuine reform would look like.

How to Use This in an Interview

Pick one topic. Go deep on it. Know the facts, know the tensions, know what's being done about it, and have a clear personal view that you can defend calmly. An interviewer who asks about a current NHS issue is not looking for a news summary — they're looking for evidence that you can think about complex problems with balance and maturity.

The formula that works every time: here's the problem and why it matters for patients → here's why it exists → here's what's being done about it and whether that's sufficient → here's my view, and here's why.

If you want to practice talking about NHS issues and current affairs in a realistic interview setting, book a 1-1 or group interview tutoring session at medentia.co.uk — we'll run through exactly these kinds of questions until your answers feel natural, not rehearsed.