Medentia Free Resource

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

Updated September 2026 for the 2027 entry interview season

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 A lot of applicants either pick a topic they don't really know well enough, quote facts that are a year or two out of date, or talk about it in a one-sided way that sounds like they've read a headline rather than actually thought about it.

This guide covers the seven topics that matter most going into the 2026/27 interview season. For each one you'll get the latest facts, why it matters for patients, the other side of the argument, and how to talk about it.

> **The formula that works every time**
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> **1.** Here's the problem and why it matters for patients → **2.** Here's why it exists → **3.** Here's what's being done, and whether it's enough → **4.** Here's my view, and why.
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> Pick one or two topics and know them properly. Depth always beats breadth in an interview.

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1. Waiting Lists and the Elective Backlog

The latest position

- The waiting list in England peaked at about 7.7 million in September 2023.
- It fell to about 7.1 million by March 2026, the lowest in three and a half years, and NHS England said the interim 18-week target (65% of patients treated within 18 weeks) had been hit.
- It then rose again, to about 7.33 million cases (around 6.2 million individual patients) in July 2026.
- Around 1.5% of patients had waited more than a year, against a target of under 1% by March 2026.
- A&E; is still under strain: in August 2026 a quarter of patients waited over four hours, and thousands of patients a day are receiving care in corridors.
- The constitutional standard (92% treated within 18 weeks) hasn't been met since 2016. The government aims to meet it by March 2029.

Why it matters for patients

Delayed treatment isn't just an inconvenience. For cancer, heart disease and mental health crises, waiting longer directly affects outcomes. It also widens inequality: people who can pay go private, while those who can't wait.

The other side

There has been real progress since 2023, driven by extra funding, community diagnostic centres, surgical hubs and use of independent sector capacity. The recent rise shows how fragile that progress is, especially when strikes, winter pressure and rising demand hit at the same time.

How to talk about it in an interview

Acknowledge the progress *and* the recent reversal. That shows you follow the numbers, not just the headlines. Then talk about the causes: workforce shortages, bed capacity, delayed discharge because of gaps in social care, and an ageing population. Social care is the link most candidates miss.

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2. The Resident Doctors' Dispute and the Training Jobs Bottleneck

The latest position

- Resident doctors (formerly called junior doctors) in England held repeated strikes over pay restoration in 2025 and the first half of 2026.
- The dispute widened to include jobs: there were far more applicants than specialty training posts, leaving some doctors under-employed after foundation training.
- In June 2026 BMA members voted to accept a government offer on pay and jobs (52.9% yes, 57% turnout), and the strikes ended.
- The deal includes around 4,500 extra specialty training places over three years, and UK medical graduates are being prioritised for training posts.
- The BMA says pay still lags behind 2008 levels in real terms, so the pay restoration campaign hasn't gone away.

Why it matters for patients

Each round of strikes led to thousands of postponed appointments and operations. But a demoralised workforce that leaves for Australia or leaves medicine altogether harms patients in the long run too.

How to talk about it in an interview

This is directly relevant to your own future career, so interviewers expect you to know about it. Link it to ethics (is it ethical for doctors to strike?), to workforce retention, and to the debate about prioritising UK graduates: fair to home graduates, but raising questions for international doctors who already work in the NHS.

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3. Mental Health Services

The latest position

- The Mental Health Act 2025 received Royal Assent in December 2025, the biggest reform of mental health law in England and Wales in decades. It aims to give patients more say in their care, tighten the criteria for detention, and reduce the use of long-term detention for autistic people and people with learning disabilities. Changes are being phased in over around ten years.
- In September 2026 an HSSIB investigation found that people in mental health crisis often face prolonged waits in A&E; in overcrowded environments without privacy, and that A&E; has become the default place for crisis care because of gaps elsewhere.
- Waits for community mental health and children's services are still long in many areas.

Why it matters for patients

Untreated mental illness doesn't stay contained. It affects physical health, work, relationships and quality of life, and a patient in crisis waiting hours in a busy A&E; is getting the wrong care in the wrong place.

The other side

Mental health spending has risen, NHS Talking Therapies has expanded access, and "parity of esteem" (treating mental health as seriously as physical health) is official policy. The problem is that demand has grown faster than provision, especially among young people since the pandemic.

How to talk about it in an interview

Mention the new Act; it shows your knowledge is current. Talk about both resources and stigma, and about prevention: early support in schools and the community stops people reaching crisis point.

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4. Primary Care, GP Access and the Neighbourhood Health Service

The latest position

- The government's 10 Year Health Plan (July 2025) is built on three shifts: **hospital to community**, **analogue to digital**, and **sickness to prevention**.
- A central part of this is a Neighbourhood Health Service: GPs, nurses, pharmacists, physios and mental health staff working together in local health centres, closer to where people live.
- Strangely, patients still struggle to get GP appointments while some newly qualified GPs can't find jobs. A Nuffield Trust analysis (January 2026) found that GP job adverts fell by about 45% between 2022 and 2025, partly because practices were funded to hire other roles through the Additional Roles Reimbursement Scheme rather than salaried GPs. GPs were added to that scheme as an emergency measure in October 2024.

Why it matters for patients

GPs are the front door of the NHS. When primary care struggles, patients end up in A&E;, conditions get picked up late, and prevention gets squeezed out by firefighting.

How to talk about it in an interview

The "unemployed GPs vs no appointments" paradox is a brilliant talking point because it shows the problem isn't only about numbers. It's about funding models and how the workforce is used. Link it to the three shifts: moving care into the community only works if primary care is properly staffed.

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5. AI and Digital Technology in the NHS

The latest position

- In July 2026 NHS England set out how £10 billion of technology funding over three years will be spent, including a major rollout of AI tools.
- **Ambient voice technology (AVT):** AI that listens to a consultation and writes the clinical notes. A Great Ormond Street-led study across nine London sites found clinicians spent up to 25% more time with patients, and A&E; staff saved up to 47 minutes per shift on documentation.
- **AI triage in the NHS App:** a GP practice trial in Sussex cut phone queues by 29%, and the tool is being expanded, with the aim of making it available to all NHS App users by April 2028.
- AI is also used in imaging and screening, for example helping read scans and mammograms, and a Single Patient Record is planned so information follows the patient.

The other side

- **Bias:** AI trained on some populations may perform worse for others, which can widen health inequalities.
- **Accountability:** if an AI contributes to an error, who is responsible?
- **Privacy and consent:** patients need to know when a consultation is being recorded and how their data is used.
- **Digital exclusion:** older or poorer patients may not use apps, so traditional routes must stay open.
- **Deskilling:** over-reliance could erode clinicians' own judgement.

How to talk about it in an interview

The strongest view isn't "AI good" or "AI bad". It's that AI should give clinicians time back for the human side of medicine, with proper validation, safeguards and clear accountability. AVT is a great example because it frees doctors from typing and gives them more time with the patient.

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6. The Dentistry Access Crisis and Contract Reform

Dentistry applicants: you need to know this one in real depth.

The latest position

- Many practices in England still aren't taking new NHS adult patients, and there are "dental deserts" where NHS care is effectively unavailable.
- The core problem is the 2006 contract, which pays by Units of Dental Activity (UDAs). A single filling and several fillings can earn the same, so complex work is often financially unviable on the NHS.
- The 2024 Dental Recovery Plan (with its new patient premium) was judged by the National Audit Office to have under-delivered.
- **Reforms from April 2026:** a requirement for NHS practices to provide urgent care, with much higher payments for it; new care pathways paying a single fee for patients with complex needs; and more prevention for children, such as fluoride varnish and fissure sealants.
- However, the UDA system itself still hasn't been replaced. The BDA has described the changes as making "a discredited contract slightly better".
- Wales introduced a completely new, needs-based contract from April 2026, which is a useful comparison.

Why it matters for patients

Poor oral health is linked to heart disease, diabetes complications and poorer quality of life, and tooth decay is still one of the most common reasons for children to be admitted to hospital. When access depends on your postcode or your wallet, it creates avoidable health inequalities.

How to talk about it in an interview

Explain why the UDA contract is the root cause. Then weigh up the 2026 changes: a step forward on urgent and complex care, but critics worry about fewer routine check-ups for healthy adults and say full reform is still needed. Show you understand the tension between universal access and the economics of running a practice.

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7. Abolishing NHS England

The latest position

- In March 2025 the government announced that NHS England would be abolished and its functions merged into the Department of Health and Social Care (DHSC).
- The plan includes cutting around 50% of combined central staff, and big reductions in integrated care board (ICB) running costs.
- A Health Bill (also called the NHS Modernisation Bill) is going through Parliament to make it law, and it also plans to abolish Healthwatch and create a single patient record. The "new DHSC" is expected to start operating from April 2027.

The two sides

- **For:** less duplication and bureaucracy, clearer accountability to ministers, and savings the government estimates at hundreds of millions of pounds a year that can go to frontline care.
- **Against:** large reorganisations are costly and distracting (the 2012 reforms are often cited), redundancy costs are high, and it gives more direct political control over the NHS.

How to talk about it in an interview

You don't need to know every structural detail. Show that you understand the basic structure of the NHS and the trade-off between saving money on management and the disruption of reorganising during a period of huge pressure.

How to Use This in an Interview

Pick one or two topics. Go deep. Know the latest facts, know the tensions, know what's being done, and have a clear personal view you can defend calmly. An interviewer asking about a current NHS issue isn't looking for a news summary. They want evidence that you can think about complex problems with balance and maturity.

Facts move fast. Check the news in the week before your interview, especially waiting list figures, which are published monthly.

If you want to practise talking about NHS issues in a realistic interview setting, book a 1-1 or group interview session at **medentia.co.uk**. We'll run through exactly these questions until your answers feel natural, not rehearsed.

Figures correct as of September 2026. Sources: NHS England, BMA, House of Commons Library, Nuffield Trust, Health Services Safety Investigations Body (HSSIB), Welsh Government.