COMPANION TO THE CONSULTANT INTERVIEW RUNWAY · JULY 2026

The NHS in 2026: An Interview Briefing

Structure, money, safety and governance — plus the documents every anaesthetist should be able to discuss at a consultant AAC.

> Panels rarely test whether you can recite policy. They test whether you understand the organisation you are asking to help run — the *"safe pair of hands"* question. Everything below is current as of July 2026, and much of it is mid-reform: check the latest position in the week before your interview.

The structure — a system mid-reform

DHSC	Sets policy and holds the budget. Secretary of State: Wes Streeting. **The centre of gravity is moving here.**
NHS England	**Being abolished.** Announced March 2025; the NHS Modernisation Bill (introduced May 2026) gives it legal effect; transition led by Sir Jim Mackey; functions absorbed into DHSC with completion targeted for April 2027 and combined headcount cut by ~50%. If asked "has NHSE been abolished?" — the decision is made and the transition is well advanced, but final legal abolition awaits the Bill.
Integrated Care Boards	42 ICBs plan and buy care for their populations. Running costs are being cut by ~50%, and ICBs are merging into fewer, larger boards from April 2026 with further changes in 2027. Know which ICB your target trust sits in — and its stated priorities.
Trusts & FTs	Just over 200 NHS trusts and foundation trusts deliver care. This is your employer, and where your AAC happens. The 10 Year Plan promises providers more autonomy as reform beds in.
Regulators	CQC inspects and rates services. The GMC regulates doctors — and, since December 2024, PAs and AAs. HSSIB conducts no-blame national safety investigations.

The money

The settlement	The June 2025 Spending Review gave the NHS a **£29 billion real-terms increase in day-to-day spending by 2028-29** (~3% a year) — generous against other departments, tight against demand. Health consumes roughly 38% of day-to-day government departmental spending.
The strings	Money follows reform: elective recovery, the three shifts, and a hard productivity ask. Capital remains the pinch point — theatre space and estates limit surgical throughput more than money alone.
Why it matters to you	Consultant business cases now live or die on productivity language: sessions delivered, lists utilised, cost per case. Frame your service ideas accordingly.

Facts & figures for the interview

7.3m
Pathways on the RTT elective waiting list (May 2026), ~6.2m individual patients

92% by 2029
Pledge to restore the 18-week standard, via 65% (Mar 2026) and 70% (Mar 2027) milestones

~105,000
Patients waiting over a year for treatment (May 2026)

2,147
UK shortfall of consultant & SAS anaesthetists — 15% below need (RCoA Census 2025)

43%
Clinical leaders reporting elective surgery delayed daily or weekly by anaesthetic workforce gaps

1 in 3,000
Incidence of perioperative cardiac arrest (NAP7) — three-quarters survive the initial event

Safety & governance in one breath

Clinical governance — the framework through which organisations are accountable for quality; classically taught as seven pillars (audit, effectiveness, risk, education, patient involvement, information, staffing). Have a live example for each you touch.

PSIRF — the Patient Safety Incident Response Framework replaced the old Serious Incident Framework from 2023: proportionate learning responses over mechanical RCAs. Know how your trust applies it.

Never events & safety alerts — wrong-site block remains the anaesthetic exemplar; know your department's "Stop Before You Block" practice.

GIRFT — Getting It Right First Time: national specialty-level data driving unwarranted-variation conversations — a gift for "how would you improve theatre productivity?"

Duty of candour — statutory openness with patients after harm; a legacy of the Francis Inquiry (2013). NAP7 explicitly applies it to every perioperative cardiac arrest.

Martha's Rule — patient- and family-initiated rapid review of deteriorating patients, rolling out across acute hospitals since 2024. Expect a values question built on it.

Freedom to Speak Up — guardians in every trust; be ready to describe raising a concern well.

Revalidation & job planning — annual appraisal, five-yearly revalidation; the consultant contract is built on Programmed Activities (10 PAs full-time, with SPA time typically 1.5–2.5). Scrutinise your draft job plan before the AAC — it is a negotiation, not a formality.

National documents — know the direction of travel

Darzi Investigation (Sept 2024)	Lord Darzi's rapid diagnosis: the NHS is in *critical condition* — deteriorating access, quality under strain, productivity below pre-pandemic levels. *The "why reform" evidence base; quote it when asked what's wrong.*
10 Year Health Plan — *Fit for the Future* (July 2025)	Three shifts: **hospital → community** (neighbourhood health centres), **analogue → digital** (NHS App as front door; single patient record from 2028; "most AI-enabled care system in the world"), **sickness → prevention**. *The single most quotable document at any 2026 AAC — attach each shift to something anaesthetists can deliver: perioperative optimisation, day-case expansion, digital pre-assessment.* · **gov.uk › 10 Year Health Plan**
Long Term Workforce Plan (2023; refresh expected)	Training expansion, retention and reform of roles; the 10 Year Plan promises a successor workforce strategy. *Pairs with the RCoA census when discussing staffing.*
Leng Review (July 2025)	Independent review of PAs and AAs: rename to "physician assistants" and **"physician assistants in anaesthesia"**; AAs to continue within the RCoA's interim scope of practice; standardised identification; a proposed AA faculty at the College; possible future credentialling and prescribing. GMC has regulated both roles since Dec 2024; RCoA Council responded in Sept 2025 and implementation consultation continues in 2026. *The hottest anaesthetic workforce topic at interview — be balanced, patient-safety-led, and current.*
NHS Patient Safety Strategy	The umbrella for PSIRF, safety specialists and learning systems. *Name-check it when asked how safety culture is changing.*

Anaesthesia & perioperative documents — your home turf

GPAS	Guidelines for the Provision of Anaesthetic Services — the RCoA's annually updated chapter-by-chapter standards for how services should be staffed and organised. *The reference for any "how should this service look?" question.* · **rcoa.ac.uk › GPAS**
ACSA	Anaesthesia Clinical Services Accreditation — voluntary peer-reviewed accreditation against GPAS. *Ask at your pre-interview visit whether the department is accredited or working towards it; then reference it in your answers.*
Raising the Standards	The RCoA QI Compendium ("recipe book") — free, aligned to GPAS, ACSA and the curriculum, moving to rolling annual updates from 2026. *Your QI project should trace to a recipe.*
NAP7 (2023)	*At the Heart of the Matter*: 881 perioperative cardiac arrests; incidence ~1 in 3,000 anaesthetics; ~75% survived the initial event; major haemorrhage the leading cause; landmark findings on the psychological aftermath for anaesthetists and the duty of candour. *Also your evidence for wellbeing and human-factors answers.* · **nationalauditprojects.org.uk**
NELA	National Emergency Laparotomy Audit — risk documentation, consultant presence and pathway standards for the sickest surgical patients. *The exemplar answer for "how does audit change practice?"* · **nela.org.uk**
CPOC	Centre for Perioperative Care — cross-college guidance on prehabilitation, shared decision-making and perioperative pathways. *Your bridge to the hospital → community shift.* · **cpoc.org.uk**
RCoA Census 2025	2,147 consultant & SAS shortfall (15% below need, up from 13% in 2020); capacity exists to train 1,358 more anaesthetists if funded; 43% of departments see weekly elective delays from gaps. *Deploy when asked about service pressures — then pivot to what you'd do locally.*
Sustainability & fatigue	NHS net-zero ambitions reach theatres: England ended routine desflurane use in 2024 and nitrous oxide manifold waste is a live QI theme. Fatigue and rest facilities (#FightFatigue) are now provision standards, not perks. *Two ready-made "modern consultant" talking points.*

How to deploy documents at interview

— Never recite. Use the three-step formula: **national picture → local relevance → your contribution**. "NAP7 tells us X; this department's case mix means Y; as a consultant I would do Z."

— Carry one document-anchored story per domain — clinical, safety, workforce, QI, education — and let the panel's question choose which one you tell.

— Anything on this page may have moved by your interview date. The candidate who checked last week beats the candidate who memorised last year.

All figures correct as of July 2026 from official sources (NHS England, BMA analysis, RCoA, gov.uk) and subject to change — verify current data before your interview. This sheet is general careers information, not individual advice.