Medical training bottlenecks, doctor shortages, and consequences for the NHS

Executive Summary

- The NHS's ability to tackle waiting lists and treat patients is being severely constrained by shortages of key doctor groups – including anaesthetists.
- The consequences of these shortfalls are profound. For example, most operations require an anaesthetist in order to take place – so the shortage of anaesthetists is a fundamental rate-limiting factor for NHS productivity in the surgical pathway.
- In a survey of clinical leaders, 89% said they had encountered surgery being delayed due to lack of anaesthetists and 43% said these delays were happening on a daily or weekly basis.
- Despite these shortages, tens of thousands of potential new doctors are trapped in a bottleneck in the medical training pathway.
- Medical training usually involves five years at medical school, two years of foundation training, then specialty training which allows doctors to become anaesthetists, GPs etc. Unfortunately, severe bottlenecks between foundation and specialty training are leaving many doctors unable to progress.
- Many of these doctors who miss out go into relatively low-level 'locally employed doctor (LED)' contracts, but do not have, and often are not getting, the training in the skills that hospitals really need.
- With only small amounts of funding these locally employed doctors could be uplifted into specialty training posts.
- The Government pledged to fund an extra 1,000 specialty training places in the NHS 10 year plan – albeit spread over 3 years, leaving a per year figure in the 100s. This is a drop in the ocean compared to what is needed.

Workforce shortages

Across the UK the NHS is facing a shortage of doctors, including anaesthetists. This is driven by numerous factors including long-withstanding failure to invest in training and inadequate workforce planning.

Analysis by the BMA revealed that England has fewer doctors per capita than other comparable European countries. With 3.2 doctors per 1,000 people, England falls below the average of 3.9 among EU members of the OECD, as well as countries such as Germany (4.5) and Austria (5.5). https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/workforce/medical-staffing-in-the-nhs

The overall number of doctors has increased, with NHS secondary care specifically having over 43,000 more full time doctors than in September 2015, an increase of 41%. However, the growth rate has been insufficient to meet demand – and a large part of the growth comes from locally employed doctors (LEDs) who often lack (and are being denied) the training in the specialty areas the NHS needs. In England, there are currently around 10,000 medical vacancies, amounting to 6.2% of all medical posts https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/workforce/medical-staffing-in-the-nhs

Additionally, GMC data has revealed that a large portion of recent workforce growth is down to international recruitment. A failure to train sufficient numbers of doctors has meant the NHS has relied heavily on international recruitment. From 2019-2023, the number of licensed doctors with a non-UK primary medical qualification (PMQ) increased by 41%, compared to 9% for those with a UK PMQ https://www.gmc-uk.org/-/media/documents/somep-workforce-report-2024-full-report_pdf-109169408.pdf

Specific shortages

Within the general shortfall of doctors, there are some particularly severe shortages of certain medical specialties. One of the most critical for the NHS is the shortage of anaesthetists.

Anaesthetists are a highly skilled and flexible workforce, providing care across a range of settings including operating theatres, intensive care units, maternity wards, and perioperative care. Importantly, most operations can't take place without them. The UK currently has 11,874 anaesthetists, including 9,981 in England specifically. However, this is way below what is needed, and demand continues to outstrip supply – likely driven by factors such as the UK's growing and ageing population, increasing demand for surgery and the expanding role of anaesthetists. https://rcoa.ac.uk/sites/default/files/documents/2025-10/RCoA%20Workforce%20Census%202025%20-%20Interim%20Workforce%20report%20v11.pdf

Based on responses from clinical leads in anaesthesia, it's estimated that the UK is short of 2,147 anaesthetists, 15% below what is needed to meet demand. England has a shortage of 1,766 (15%) anaesthetists.

If we look to our international comparators, the UK's anaesthetic workforce is much smaller than other large high-income European nations. In 2024, the results of 'The Global Anaesthesia Workforce Survey' revealed that the UK had 14.23 anaesthetists per 100,000 people. This is lower than Germany (37.37), Italy (25.34), France (17.02), and even many lower-income European nations such as Moldova (16.12). Overall, the UK places 26th in Europe, and 34th in the world. https://pubmed.ncbi.nlm.nih.gov/38470828/

Many other groups of doctors are facing workforce shortages. For example:

- England is facing a declining number of GPs, despite rising demand. Since 2015, the NHS has lost the equivalent of 849 full-time fully qualified GPs https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice-data-analysis. As a result, the number of GPs per 100,000 population declined by 1.9% a year between 2016 and 2024 https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-

Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf

- England is short of 690 consultant psychiatrists (15% of the consultant psychiatrist workforce) https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2023/05/25/royal-college-of-psychiatrists-calls-for-urgent-publication-of-nhs-workforce-plan-as-psychiatrist-numbers-stagnate
- The UK has a 29% shortfall of 1,953 consultant clinical radiologists (29% shortfall) https://www.rcr.ac.uk/media/4imb5jge/_rcr-2024-clinical-radiology-workforce-census-report.pdf
- 59% of UK consultant physicians reported they have at least one consultant vacancy in their department https://www.rcp.ac.uk/improving-care/resources/snapshot-of-uk-consultant-physicians-2023/

Impact of workforce shortages

Workforce shortages are significantly impacting NHS productivity and patient care.

It's estimated that the current shortfall of anaesthetists is equivalent to approximately 1.6 million operations and procedures that can't take place per year across the UK. This covers not only elective operations, but also anaesthetic procedures in urgent and emergency care, maternity, and general pain relief services.

Four in 10 (43%) clinical leaders who responded to the RCoA 2025 Census reported operations being postponed on a daily or weekly basis due to anaesthetic workforce shortages. Only 11% reported no delays. Furthermore, almost seven in ten clinical leaders (68%) identified increasing anaesthetist numbers as the most important factor to boost the rate of elective activity. This is above physical factors such as ward space (50%) and operating theatres (42%), and other staffing groups such as Operating Department Practitioners (55%) and Anaesthesia Associates (1%). https://rcoa.ac.uk/sites/default/files/documents/2025-10/RCoA%20Workforce%20Census%202025%20-%20Interim%20Workforce%20report%20v11.pdf

Increasing demand

The UK has a growing and ageing population. By 2045, the total population of the UK is set to expand to 71 million, from 67.1 million in 2020. Furthermore, the number of people at pensionable age is set to increase by 3.3 million compared to 2020, considerably increasing healthcare demand. As a larger population requires more surgery, and an ageing population further increases healthcare demand, we expect demand for doctors will rise year on year.

In addition to population factors, it is also the case that scientific, technical, and medical knowledge continue to increase. This means that new procedures and treatments are developed. For example, anaesthetists' role is expanding into perioperative care, with patients being offered numerous interventions both before and after surgery to optimise their outcomes. Although this is a positive thing, it also means more clinical staff are needed to provide these services – and will further increase demand for doctors.

Specialty training places

The solution is to train more doctors.

The first stage of training to become a consultant doctor involves around five years of medical school, followed by two years of general foundation training- during which they are known as resident doctors. After this, doctors start training in a specialty area of medicine or general practice. In anaesthesia, it is split between three years of core anaesthetic training and four years of higher anaesthetic training.

There are lots of doctors who want to specialise, but there aren't enough funded training posts. As a result, huge bottlenecks have developed in the medical training system, which have been growing year on year.

Overall specialty training bottleneck, 2025

- BBC news cited that over 30,000 doctors applied for 10,000 speciality training places, leaving 20,000 without a place, although we understand this figure is based on partial data and the true figure (yet to be published) will show an even more severe bottleneck. https://www.bbc.co.uk/news/articles/cdrze1rzejlo

Anaesthetic training bottlenecks, 2025

- 6,770 applications for 539 core (CT1) anaesthetic training posts – competition ratio of 12.6:1. https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/competition-ratios/2025-competition-ratios
    - This has almost doubled from 2024, in which the competition ratio was 6.5:1 (3,520 applications for 540 posts) https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/competition-ratios/2024-competition-ratios
- 699 applications for 423 higher (ST4) anaesthetic training posts - competition ratio of 1.6:1.
    - This has remained stable since 2024 when there were 640 applications for 390 places – competition ratio of over 1.6:1.

General practice bottlenecks, 2025

- 20,995 applications for 4,276 ST1 posts – competition ratio 4.91

Psychiatry bottlenecks, 2025

- 10,677 applications for 489 CT1 posts – competition ratio 21.83

Clinical radiology bottlenecks, 2025

- 4,011 applications for 356 ST1 posts - competition ratio of 11.27
- 88 applications for 9 ST3 posts - competition ratio 9.78

Obstetrics and Gynaecology bottlenecks, 2025

- 4,945 applications for 297 ST1 posts - competition ratio 16.65
- 504 applications for 60 ST3 posts - competition ratio 8.4

These bottlenecks are a huge waste of talent and Government funds spent on medical school and foundation training. They are particularly concerning when the NHS is crying out for more doctors and patients are waiting for treatment.

Training capacity

The capacity of the NHS to train extra doctors varies specialty to specialty. In anaesthesia, we know there is capacity for 178 extra core and 206 additional higher training places per year, across the UK. In England, there is capacity for 147 core posts and 171 higher posts per year, on top of those already in place.

Value of resident doctors

Resident doctors should not simply be viewed as 'trainees' who will eventually provide clinical service in the future. For example, among Anaesthetists in Training it often takes as little as six months from the time they start core anaesthetics training to the point where they are providing a level of independent clinical service with distant supervision. Therefore, funding new training places could rapidly increase NHS capacity and help reduce waiting lists.

Locally Employed Doctors (LEDs)

Many doctors who are unable to access formal training pathways take up Locally Employed Doctor (LED) roles, which are often relatively junior. Unfortunately, many LEDs do not receive adequate training to perform the tasks the NHS requires, which is contributing to widespread disillusionment and poor wellbeing. In the Royal College of Anaesthetists' 2025 Census, LEDs consistently reported the lowest scores across key wellbeing indicators including life satisfaction, sense of life being worthwhile, happiness and anxiety levels. On average, satisfaction with working life among LEDs was 5.4 out of 10, notably lower than the overall average of 6.4 reported by all respondents.

Given the huge abundance of LEDs, it would be relatively cheap to increase the number of anaesthetic training places in a cost-effective manner. The NHS is already paying for LED salaries, only a relatively small top up would be required to convert a portion of these to specialty training posts on national training programmes.

Government plans

In 2023, the NHS Long Term Workforce plan pledged to double the number of medical school places to 15,000 a year by 2031/32. However, it only mentioned a 'commensurate increase in specialty training places that meets the demands of the NHS in the future'. It made no specific pledge on specialty training numbers. https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/

The 10 Year Health Plan for England acknowledged training bottlenecks and identified dual causes of this – expansion of undergraduate places and increased international recruitment. To address this, the plan pledged to create 1,000 new speciality training places over the next three years. https://assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf

Although welcome, this is still not enough posts.

The plan doesn't specify which specialties will be expanded. It is also important to note that 1,000 extra does not mean 1,000 extra intake per year – this figure is split over 3 years i.e. an average of around 330 per year across all medical specialties. Some sources have suggested

that the extra 1,000 places will be increased to 2,000, with an immediate boost of 1,000 in 2026. https://www.bbc.co.uk/news/articles/cdrze1rzejlo However, this has not yet been formally confirmed by the Government, and it is unclear how they would be funded.

We hope more detail will be included in the forthcoming 10 Year Workforce Plan. We believe allocation of these posts must prioritise key specialties, like anaesthesia, where shortfalls are most severe and well-evidenced.